

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90746 046 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000039978

1. Entity Name
GARDEN MEDICAL CARE CORP.



Principal Place of Business Mailing Address
3300 W. 84 STREET **3300 W. 84 STREET**
5A14 **5A14**
HALEAH, FL 33010 **HALEAH, FL 33010**

2. Principal Place of Business 3. Mailing Address
2501 SW 8TH STREET **2501 SW 8TH STREET**
Suite, Apt. #, etc. Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State City & State 4. FEI Number Applied For
MIAMI - FL **MIAMI - FL** **04-3645620** Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional
33155 **USA** **33155** **USA** Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ, DAISY
546 E. 62ND STREET
HALEAH, FL 33010

Name **MARTINEZ, DAISY**
Street Address (P.O. Box Number is Not Acceptable)

13255 SW 36TH STREET
City **MIAMI** **FL** Zip Code **33175**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when resigning)

APR 25 2003
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Delete	TITLE	☒ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment to this address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DAISY MARTINEZ **APR 25 2003** **(305) 644-0904**

CR2E034 (10/02)