2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000040650

1. Entity Name



FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90312 028 ***150.00

BARRIECH WEDICAL SERVICES, I			1		
Principal Place of Business 1455 NW 14TH STREET MIAMI FL 33125	Mailing Address 1455 NW 14TH STREET MIAMI FL 33125	:			
2 Principal Place of Business 13+ Av	e 3. Mailing Address S	w 1374			
Suite, Apt sets.	Suite, Apt # etc	114		MAKING CHANGES	
Hiau, F	Wishell Williami	[4. FEI Number	Applied For Not Applicable	e
33175 COUNTY SA	33175	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Curre	ent Registered Agent	Name	7Name and Address of New Reg	stered Agent	┽-
BARROCAS, TERESA		KO	umon Kive	eva	
1455 NW 14TH STREET		Street Address	(9.6. Box Nur foar is Not Acceptable)	7 Ave.	
MIAMI FL 33125			Suite 114	<u> </u>	
		City	mian	NFL ZZZ ITE	+
	for the purpose of changing its re	egistered office or registe	ered agent, or both, in the State of Florid	a. I am familiar with, and accept	i
the obligations of registered agent					
SIGNATURE					
Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: A	Registered Agent signature require	ed when reinstating)	DATE	Ì
Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: A	Registered Agent signature require			
Signature, typed or printed name of registered age Finder Now!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.0	00 ,	degistered Agent signature require	9. Election Campaign Financ Trust Fund Contribution.		
FitE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.0 Make Check Payable to Florida Departmen	00 t of State		Election Campaign Finance Trust Fund Contribution.	\$5.00 May Be Added to Fees	
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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 with an address, with all other like empowere).

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: X

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition