

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91786 020 ***150.00

DOCUMENT # P02000041085

1. Entity Name

NATIONAL MEDICAL SERVICES OF SOUTH
FLORIDA, INC.



DO NOT WRITE IN THIS SPACE

11041681

2. Principal Place of Business

1405 NW. 167 ST
Suite, Apt. #, etc.
225

3. Mailing Address

1405 NW. 167 ST
Suite, Apt. #, etc.
225

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FLORIDA

Zip
33169

Country
MIAMI DADE

City & State
MIAMI, FLORIDA

Zip
33169

Country
MIAMI DADE

4. FEI Number
01-0673249

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
ADDIEL BORGES

Street Address (P.O. Box Number is Not Acceptable)
1405 NW. 167 ST

SUITE 225

City
MIAMI

FL

Zip Code
33169

**DO NOT WRITE
IN THIS SPACE**

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

Addiel Borges

04/29/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D/P/V/S/T
ADDIEL BORGES
1405 NW. 167 ST STE 225
MIAMI, FL 33169

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Addiel Borges

04/29/03

305-622-3434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)