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

DOCUMENT # P02000041085

1. Entity Name

NATIONAL MEDICAL SERVICES OF SOUTH FLORIDA, INC.



FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 91786 020 ***150.00

L	O NOT WRITE	E IN THIS	SPAC	E		1104168	1
. Principal Pla	ice of Business	3. Mailing Address	3. Mailing Address				
1405 N	W. 167 ST	1405 NW. 167 ST					
Suite, Apt. #, 225		Suite, Apt. #, etc. 225				DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FE	4. FEI Number Applied For Not Applicable	
MTAMI,	FLORIDA	MIAMI, FLORIDA			0		
Zip 33169	Country MIAMI DADE	Zip 33169	Count MIAMT	ry DADE		ertificate of Status Desired	\$8.75 Additional Fee Required
		and the second s	第22 35	Name	7. Nan	ne and Address of Current Registe	red Agent
				ADDIEL BORGES			
	DO NOT W			Street Address (20, Box Number is Not Acceptable)			
	IN THIS SP	AUE		SULTI	225		. Za Codo
				City MTAMT		F	L Zip God 169
. The above n	amed entity submits this statement for	or the purpose of changi	ing its registere	d office or registe	red agei	nt, or both, in the State of Florida. I ar	n familiar with, and accept
the obligation	ns of registered agent.					0.1.1	20 (03
IGNATURE 💂	ignature, typed or printed narperst registered agent			Agent signature require			29/03
Janu A	lary 1 - May 1 Fee is \$150 00 ffer May 1; Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of		1.	· · ·		Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
0.	OFFICERS AND	DIRECTORS	1 80 50	为这里的现在	na and c	AND AND A SECOND COMMENTS OF	
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EET ADORESS			36 -2-3	TADDRESS			
'-ST-ZIP		<u> </u>		ST-ZIP	<u> 123 (14)</u>		
I barabu car	rtify that the information europlied with	a thie tilion done not allal	litu for the ever	action stated in C	Antion 11	IO O7/216) Elecido Statutos I frutbar o	and to their the intermedian

indicated on this report or supplied with his ming does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or suppliemental 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.

GNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/03

305-622-3434