FILED
Jun 06, 2003 8:00 am
Secretary of State
05-05-2003 91786 018 ***150.00

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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

55046796

DOCUMENT # P02000044709

1. Entity Name
PERSONAL CARE MEDICAL SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4995 NW 72 AVE.	4995 NW 72 AVE
Suite, Apt. #, etc. STE 406	Suite, Apt. #, etc. STE 406
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33122 Country MIAMI DADE	Zip 33122 Country MIAMI DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2038828 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name
JAIME FERRAN

Street Address (P.O. Box Number is Not Acceptable)
14610 SW. 180TH ST.

City MIAMI FL Zip Code 33177

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 _____ 04/29/03
Signature required of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1st Fee is $150.00
After May 1st Fee is $550.00
Amended UBR is $61.25
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

TITLE	PDVST
NAME	JAIME FERRAN
STREET ADDRESS	14610 SW. 180TH ST.
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	
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CITY-ST-ZIP	

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CR2E034B (12/02)

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.

GNATURE: X _____ 04/29/03 305-392-6226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #