

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91871 005 \*\*\*150.00

**DOCUMENT # P02000047995**

1. Entity Name  
**NATIONAL MEDICAL SERVICES GROUP, INC.**



Principal Place of Business  
**17040 NW 82ND AVE.  
HIALEAH FL 33015**

Mailing Address  
**17040 NW 82ND AVE.  
HIALEAH FL 33015**

2. Principal Place of Business

**2550 N.W. 72 AVE**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**DE LEON, NESTOR  
17040 NW 82ND AVE.  
HIALEAH FL 33015**

Name

**NESTOR DE LEON  
17040 N.W. 82 AVE**

City

**MIAMI**

FL

Zip Code

**33015**

14. 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 signature required when reinstating)

**04/15/03**

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

TITLE **PVST** ☐ Delete  
NAME **DE LEON, NESTOR**  
STREET ADDRESS **17040 NW 82ND AVE.**  
CITY-ST-ZIP **HIALEAH FL 33015**

TITLE **D** ☐ Delete  
NAME **DE LEON, NESTOR**  
STREET ADDRESS **17040 NW 82ND AVE.**  
CITY-ST-ZIP **HIALEAH FL 33015**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**305-470-1517**

**04/15/03**

Date

Daytime Phone #

CR2E034 (10/02)