

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

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

05-05-2003 91786 019 ***150.00

DOCUMENT # P02000049943

1. Entity Name

ATLANTIC MEDICAL SERVICES, INC.



DO NOT WRITE IN THIS SPACE

11041682

2. Principal Place of Business

8001 NW. 36TH ST

3. Mailing Address

8001 NW 36TH ST

Suite, Apt. #, etc.

104

Suite, Apt. #, etc.

104

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33166

Country

MIAMI DADE

Zip

33166

Country

MIAMI DADE

4. FEI Number

42-1537145

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

SERGIO NAVARRO

Street Address (P.O. Box Number is Not Acceptable)

5431 NW. 170 ST

City

MIAMI

FL

Zip Code

33055

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, 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 \$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

PDVST
SERGIO NAVARRO
STREET ADDRESS
5431NW. 170 ST
CITY-ST-ZIP
MIAMI, FL 33055

TITLE
NAME
STREET ADDRESS
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IN THIS SPACE**

2. 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:

04/29/03 305-620-6561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)