FILED
May 05, 2003 8:00 am
Secretary of State
04-11-2003 90081 047 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000052556

1. Entity Name
DADE & BROWARD MEDICAL SERVICES, INC.

Principal Place of Business	Mailing Address
1455 NW 14TH STREET MIAMI FL 33125	1455 NW 14TH STREET MIAMI FL 33125

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5979 N.W. 151 ST.	5979 N.W. 151 St
Suite, Apt. #, etc.: 235	Suite, Apt. #, etc.: 235
City & State: Miami Lakes, FLA	City & State: Miami Lakes, FLA
Zip: 33014 Country: U.S.A	Zip: 33014 Country: U.S.A

4. FEI Number 74-3043529 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LOPEZ, JUAN F
1455 NW 14TH STREET
MIAMI FL 33125

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 5979 N.W. 151 STREET #235
City Miami Lakes FL Zip Code 33014

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVST ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	LOPEZ, JUAN F	NAME	
STREET ADDRESS	1455 NW 14TH STREET	STREET ADDRESS	5979 N.W. 151 ST #235
CITY-ST-ZIP	MIAMI FL 33125	CITY-ST-ZIP	Miami Lakes, FLA 33014
TITLE	D ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	LOPEZ, JUAN F	NAME	
STREET ADDRESS	1455 NW 14TH STREET	STREET ADDRESS	5979 N.W. 151 St # 235
CITY-ST-ZIP	MIAMI FL 33125	CITY-ST-ZIP	Miami Lakes, FLA 33014
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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 Juan F Lopez Pres. 4/08/03 305-819-4003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #