

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

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

05-05-2003 91907 036 ***150.00

DOCUMENT # P02000060791

1. Entity Name

M C MEDICAL HEALTH, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5901 NW. 151TH ST

3. Mailing Address

5901 NW. 151TH ST

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

200

City & State

MIAMI LAKE, FLORIDA

City & State

MIAMI LAKE, FLORIDA

Zip

33014

Country

MIAMI DADE

Zip

33014

Country

MIAMI DADE

4. FEI Number

04 3677679

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ARMANDO ARIAS

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

16755 NW. 91TH AVE.

City

MIAMI

FL

Zip Code
33018

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)

04/29/03

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DPVST	ARMANDO ARIAS	16755 NW. 91TH AVE.	MIAMI, FL 33018
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

04/29/03

786-344-1573

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)