## 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000075343

Entity Name: LATIN AMERICAN MEDICAL CARE, INC

FILED Jan 22, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

777 EAST 25TH ST 4999 W 8TH AVE 101 SUITE 26 HIALEAH, FL 33013 HIALEAH, FL 33012

Current Mailing Address: New Mailing Address:

11930 NW 21 ST 4999 W 8TH AVE PEMBROKE PINES, FL 33026 SUITE 26 HIALEAH, FL 33012

FEI Number: 73-1649849 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GARCIA, CATERINA
11930 NW 21 ST
PEMBROKE PINES, FL 33026
GARCIA, CATERINA
4999 W 8TH AVE
SUITE 26
HIALEAH, FL 33012

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.

SIGNATURE: CATERINA GARCIA 01/22/2003

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PTS () Delete
 Title:
 PVTS (X) Change () Addition

 Name:
 GARCIA, CATERINA
 Name:
 GARCIA, CATERINA

 Address:
 11930 NW 21 ST
 Address:
 4999 W 8TH AVE, SUITE 26

City-St-Zip: PEMBROKE PINES, FL 33026 City-St-Zip: HIALEAH, FL 33012

Title: V (X) Delete Title: ( ) Change ( ) Addition Name: GARCIA. ROGER R Name:

 Name:
 GARCIA, ROGER R
 Name:

 Address:
 11930 NW 21 ST
 Address:

 City-St-Zip:
 PEMBROKE PINES, FL 33026
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATERINA GARCIA P 01/22/2003