

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P02000078107**

1. Entity Name  
**E & T MEDICAL SERVICES INC.**



**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90114 042 \*\*\*150.00

Principal Place of Business Mailing Address  
**7500 NW 25th STREET 7500 NW 25th St.**



Suite, Apt. #, etc.

**251**

Suite, Apt. #, etc.

**251**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

4. FEL Number  
**82-059394**

Applied For  
Not Applicable

Zip Country  
**33122 USA**

Zip Country  
**33122 USA**

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

## 6. Name and Address of Current Registered Agent

**TEDDY FERNANDEZ**  
**439 EAST 60 ST.**  
**HALEAH FL. 33013**

## 7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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 \_\_\_\_\_ (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 ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE **PDT** ☐ Delete  
NAME **TEDDY FERNANDEZ**  
STREET ADDRESS **439 EAST 60 STREET**  
CITY-ST-ZIP **HALEAH FL. 33013**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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  
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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

**TEDDY FERNANDEZ**  
**PRESIDENT**

Date

Daytime Phone

CR2E034 (10/02)