


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

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90436 010 ***150.00

DOCUMENT # *P02000083572*

1. Entity Name
EMA Medical Center, Corporation



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1800 S.W. 1st Street Suite, Apt. #, etc. Suite #210 City & State Miami, FL Zip 33135 Country USA		3. Mailing Address 1800 S.W. 1st Street Suite, Apt. #, etc. Suite #210 City & State Miami, FL Zip 33135 Country USA	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0738778	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name	Armando Olazabal
Street Address (P.O. Box Number is Not Acceptable)	4170 Chase Ave., Apt #1
City	Miami Beach FL Zip Code 33140

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: *Armando Olazabal* DATE: *2-04-03*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

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	President	TITLE	
NAME	Armando Olazabal	NAME	
STREET ADDRESS	4170 Chase Avenue, Apt #1	STREET ADDRESS	
CITY-ST-ZIP	Miami Beach, FL 33140	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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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: *Armando Olazabal* DATE: *2-04-03*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)