

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

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90070 023 ***150.00

DOCUMENT # **P020000 93930**

1. Entity Name

**MED-CARE MEDICAL SERVICE
INC**



DO NOT WRITE IN THIS SPACE

40051328

2. Principal Place of Business

5979 N.W. 151 ST.

3. Mailing Address

Suite, Apt. #, etc.

234 Ma. Lakes

Suite, Apt. #, etc.

City & State

FL 33016

City & State

Zip

Country

Zip

Country

4. FEI Number

27-0028265

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

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

City

FL

**DO NOT WRITE
IN THIS SPACE**

3. 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 terminating)

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	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	PRESIDENT	ROBERTO COLUMBIE	1355 WEST 53 ST APT 337				
		WIALEAH FLA 33012					

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

Apr. 5/2005