

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90495 023 \*\*\*150.00

**DOCUMENT # P02000093930**



**1. Entity Name**  
**MED-CARE MEDICAL SERVICES INC.**

**Principal Place of Business**  
**5979 NW 151 ST.**  
**SUITE 234**  
**MIAMI LAKES FL 33014**

**Mailing Address**  
**5979 NW 151 ST.**  
**SUITE 234**  
**MIAMI LAKES FL 33014**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

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**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**DELGADO, LANEL L**  
**10101 W. OKEECHOBEE RD.**  
**#4201**  
**HIALEAH GARDENS FL 33016**

Name

**Columbie, Roberto (President)**

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

**10101 W Okeechobee Road #5201**

City

**Hialeah Gardens**

**FL**

Zip Code

**33016**

**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)

DATE

**4/24/03**

**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  
Trust Fund Contribution.**

☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DELGADO, LANEL	
STREET ADDRESS	10101 W OKEECHOBEE RD. #4201	
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COLUMBIE, ROBERTO	
STREET ADDRESS	10101 W OKEECHOBEE RD. #4201	
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

**4/24/03 (305) 336-5398**

Date

Daytime Phone #

CR2E034 (10/02)