FILED
Feb 17, 2003 8:00 am
Secretary of State
02-17-2003 90249 006 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000095643

1. Entity Name
Medical Care Management, Inc.

55004005

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6043 NW 167 St	6043 NW 167 St.
Suite, Apt. #, etc. A-2	Suite, Apt. #, etc. A-2
City & State Miami, Florida	City & State Miami, Florida
Zip 33015 Country Dade	Zip 33015 Country Dade

4. FEI Number 14-1866645 ☐ Applied For ☐ Not Applicable

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

Tony Rives
6043 NW 167 St A-2
Miami, Fl. 33015

7. Name and Address of Current 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PSTD Tony Rives 8935 NW 27 St. Miami, Fl. 33172
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ☒ Delete Ruben Rives 8935 NW 27 St. Miami, Fl 33172
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

ADDITIONS / CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD ☒ Change Tony Rives 6043 NW 167 St A-2 Miami, Fl 33015
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD ☒ Addition Michael Costa 1432 Van Buren St Hollywood, Fl 33020
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E034B (12/02)

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: _____ 1/23/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #