

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91175 028 ***150.00

0315137 AV

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1. Entity Name

SOUTH KENDALL MEDICAL SERVICES, INC.



Principal Place of Business

**3611 SW 147 PL
MIAMI FL 33185**

Mailing Address

**3611 SW 147 PL
MIAMI FL 33185**

2. Principal Place of Business

10621 SW 88 ST

City, Apt. #, etc.

#122

City & State

Miami, FL

Zip

33176

Country

3. Mailing Address

10621 SW 88 ST

Suite, Apt. #, etc.

#122

City & State

Miami, FL

Zip

33176

Country

20030000



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

03-1104035

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HERNANDEZ, RAUL

3611 SW 147 PL

MIAMI FL 33185

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

Signature, typed or printed name of registered agent and title if applicable.

(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
Trust Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HERNANDEZ, RAUL**
STREET ADDRESS **3611 SW 147 PL**
CITY-ST-ZIP **MIAMI FL 33185**

TITLE **D** ☐ Delete
NAME **HERNANDEZ, ALICIA**
STREET ADDRESS **3611 SW 147 PL**
CITY-ST-ZIP **MIAMI FL 33185**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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
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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 another like empowered.

SIGNATURE

Alicia Hernandez **Alicia Hernandez** 4/1/03 (305) 279-2585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)