

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90254 015 \*\*\*150.00

**DOCUMENT # P02000102364**

1. Entity Name  
**ADVANCED CARE MEDICAL CENTER, CORP.**



Principal Place of Business  
**281 NW 57TH AVENUE  
MIAMI, FL 33126**

Mailing Address  
**281 NW 57TH AVENUE  
MIAMI, FL 33126**

**11017686**

2. Principal Place of Business  
**6047 SW 8TH ST**

3. Mailing Address  
**6047 SW 8TH ST**



☐ CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI FLORIDA**

City & State  
**MIAMI FLORIDA**

4. FEI Number  
**43-1975677**

Applied For  
☐ Not Applicable

Zip  
**33144**

Country

Zip  
**33144**

Country

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

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

**RUQUE, FRANCISCO  
281 NW 57TH AVENUE  
MIAMI, FL 33126**

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

Name

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

**8440 SW 8TH ST #23**

City  
**MIAMI**

FL

Zip Code  
**33144**

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 of Registered Agent)*  
Signature of agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

**4/23/03**

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$650.00  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
RUQUE, FRANCISCO  
281 NW 57TH AVENUE  
MIAMI, FL 33126** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
CANCELA, LAZARO  
4530 NW 5TH STREET  
MIAMI, FL 33126** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**8440 SW 8TH ST #23  
MIAMI FL 33144** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FRANCISCO RUQUE - PRESIDENT**

Date

**4/23/03**

Daytime Phone #

CR2E034 (10/02)