FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

8/7/2003-90118-012-$150.00-$150.00

FILED
03 AUG 29 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000108417

1. Entity Name
Yosuni Medical Center Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
85 Grand Canal Drive	85 Grand Canal Drive
Suite, Apt. #, etc. #102	Suite, Apt. #, etc. #102
City & State Miami FL	City & State Miami FL
Zip 33144 Country	Zip 33144 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 542077015 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Osvadi Marrero

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

85 Grand Canal Drive #102

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: Osvadi Marrero 8/25/03

Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Marrero Osvadi
STREET ADDRESS	9480 SW 10 St
CITY-ST-ZIP	Miami FL 33174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

8/28/03

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: Osvadi Marrero 7/17/03 (305)262-1253

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)