# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 02, 2003 8:00 am**
**Secretary of State**
05-02-2003 90259 039 ***150.00

DOCUMENT # P02000109970

1. Entity Name

FLEXIBLE MEDICAL SERVICES, INC

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 4445 W. 16TH AVE. | 4445 W. 16TH AVE. |
| Suite, Apt. #, etc.: 312 | Suite, Apt. #, etc.: 312 |
| City & State: HIALEAH, FLORIDA | City & State: HIALEAH, FLORIDA |
| Zip: 33012 Country: MIAMI DADE | Zip: 33012 Country: MIAMI DADE |

DO NOT WRITE IN THIS SPACE

4. FEI Number: 61-1429581 ☐ 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: MIGUEL GONZALEZ

Street Address (P.O. Box Number is Not Acceptable): 4445 W. 16TH AVE 312

City: HIALEAH FL Zip Code: 33012

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: Miguel González 04/29/03

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

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 | DPVST |
| NAME | MIGUEL GONZALEZ |
| STREET ADDRESS | 17620 NW. 32 AVE. |
| CITY-ST-ZIP | MIAMI, FL 33160 |

DO NOT WRITE IN THIS SPACE

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: Miguel González 04/29/03 305-819-0061

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

CR2E034B (12/02)