FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUI 1. Entity Name		# P0200	0012	21370					03 §	EP 25	Ры 15. г.	_		
		ANAGEMENT SER	VICES,	INC.	え <i>/</i>									
Principal Place of Business 8300 WEST FLAGLER STREET				Mailing Address 8300 WEST FLAGLER STREET				SECHETARY OF STATE FALLAHASSIFE, FLORIDA						
SUITE 175 MIAMI FL 33144				SUITE 175 MIAMI FL 33144					40 min in i					
2. Principal Place of Business				3. Mailing Address								 12111 1 .	8)f 80)f 4003	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					CHEC	CK HERE IF N	1AKING CHA	NGES		
City & State				City & State				4. FEI	Number 1 - 075	6156	>		lied For Applicable	
Zip Country			Zip	Zip Coun			5. Certificate of Status Desired \$8.75 Addition Fee Required					ional		
	6. Name	and Address of Curren	Register	ed Agent			١	7. Na	me and Address	of New Regis	stered Agent			
					-	Name							ļ	
MEZA; CARMENZA 8300 WEST FLAGLER STREET							Street Address (P.O. Box Number is Not Acceptable)							
SUITE 175									51	2002	334:		E	
 MIAMI FL 33144 The above named entity submits this statement for the purpose of changing its rithe obligations of registered agent. 						City FL Zip Code								
The above the obligati	named entit ions of regis	y submits this statement f ered agent.	or the purp	oose of changing it	ts register	ed office or	registere	ed agen	t, or both, in the S 09/2	tate of Florida 5/03	ij W aih familia	irwith, ar	nd accept	
SIGNATURE .	Signature, typeo	or printed name of registered agen	t and title if ap	plicable. (NO	TE: Registere	id Agent signati	re required	when reins	tating)		DATE			
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State									9. Election Can Trust Fund C		ing 🔲	\$5.00 Added to	May Be o Fees	
10.		OFFICERS AND	DIRECTO	DRS	11.			ADDI	TIONS/CHANGE	S TO OFFICE	RS AND DIRE	CTORS	IN 11	
TITLE	D			. Delete	TITL	F			•		П	Change	☐ Addition	
NAME Street Address City-St-Zip	MEZA, CA 8300 WE MIAMI FL	ARMENZA ST FLAGLER STREET 33144	#175	, 50000	EET ADORESS '- ST- ZIP	We	<u>)</u> c	hano	red	อท	1.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Plea	se I n	love e T	Delete			41	100	hano addr	ers	٠, _	Change NO	□ Addition	
ITLE IAME STREET ADDRESS CITY-ST-ZIP	Not	ice!		☐ Delete			15	3 26T	worl	Pad	01 St	change F	□ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Defete	TITU NAM STRE	E	Wie	H	1, FC	33/9	H -	Change	Addition	
IITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete								Change	☐ Addition	
ITLE IAME STREET ADDRESS CITY-ST-ZIP				☐ Delete								Change	Addition	
indicated of the corp	on this repo poration or ti	e information supplied wit rt or supplemental report ne receiver or trustee emp achmen with an address,	s true and owered to	accurate and that execute this repor	my signa t as requi	ture shall h	ave the s	ame leg	al effect as if mad	de under oath	; that I am an	officer or	r director	

SIGNATURE:

Attachment

P02000121375

Viva Medical Management Services, Inc.

8260 W Flagler St. Suite 2A

Ph:305 559-0515 Fax:305 559-4598

August. 27, 2003

To: Florida Department Of State

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This letter is regarding the lat fee, my corporation had not received the first notice. The other business report was filed as of January of 2003, since then though due to the change of address I never received the first notice. This notice I was able to recover, so I am willing to pay the 150.00 but hope that you can waive the rest of the fee. We will be sure to mail the original 150.00 filling fee. Thank you for your time if you have any further questions please notify me, Carmenza Meza at the above numbers Please note that

there is a change of address the new address is 8260 W Flagler St suite 2A, Miami, Fl 33144.

Sincerely,

Corporate Manager