

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

03 OCT 13 PM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
00142020

0000011  
AV

DOCUMENT # P02000124953

1. Entity Name  
HIGH MEDICAL SERVICES, INC



Principal Place of Business  
546 NW 57 AVE  
MIAMI FL 33126

Mailing Address  
546 NW 57 AVE  
MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

76-0719575

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORENO, EDUARDO  
546 NW 57 AVE  
MIAMI FL 33126

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
GEYER, HAYDEE SALAS  
1331 SEVILLA  
CORAL GABLES FL 33134

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

V  
MORENO, EDUARDO  
546 NW 57 AVE  
MIAMI FL 33126

☐ Delete

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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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-110/03

(205) 444-3448

Date

Daytime Phone #

CR2034 (10/02)