

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90046 041 ***150.00

DOCUMENT # P04000086435	
1. Entity Name	
SOUTH HEALTH CARE CONSULTANTS INC	

DO NOT WRITE IN THIS SPACE

40004884

2. Principal Place of Business 8357 W FLAGLER ST, STE 212		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33144-2072	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3792858		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name IVAN J LOPEZ	
Street Address (P.O. Box Number is Not Acceptable) 2475 BRICKELL AVE 2309	
City MIAMI	Zip Code 33129

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  **IVAN J LOPEZ** **1/10/2008**
Signature of agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOPEZ, IVAN J 2475 BRICKELL AVE 2309 MIAMI, FL 33129	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  **IVAN J LOPEZ, PRESIDENT** **1/10/2008** **(786) 277-8060**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #