FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P04000150476

FILED
05 SEP 28 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

Mega-Care Medical Center Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7392 NW 35 terrace	7392 NW 35 terrace
Suite, Apt. #, etc. 306	Suite, Apt. #, etc. 306
City & State Miami Fla	City & State Miami Fla.
Zip 33122 Country USA	Zip 33122 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1849359 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Juan C Ruiz

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

740 SW 100 Court

City Miami FL Zip Code 33174

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.

SIGNATURE _____ 9-27-05

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD - VP Juan C Ruiz 740 SW 100 CT Miami FL. 33174	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400060714494 10/18/05--01043--019 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 9-27-05 305-716 4665

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