

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

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90156 034 ***150.00

DOCUMENT # P05000051120	
1. Entity Name GENESIS AMBULATORY MEDICAL CARE INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 13780 SW 26 ST, STE 205		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33175	Country	Zip	Country

4. FEI Number 20-2366794	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
BROCHE, PABLO M
Street Address (P.O. Box Number is Not Acceptable)
13780 SW 26 ST, STE 205

City MIAMI **FL** **Zip Code** 33175

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 Pablo M Broche **PABLO M BROCHE** **4/10/2006**
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROCHE, PABLO M 13780 SW 26 ST, STE 205 MIAMI, FL 33175	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: Pablo M Broche **PABLO M BROCHE** **4/10/2006** **(786) 423-6943**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #