2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9300000790 May 08, 2000 8:00 am 1. Entity Name Secretary of State U.S.A. MEDICAL SERVICES CORPORATION 05-08-2000 90122 009 ***158.75 Principal Place of Business Mailing Address 7001 SW 97TH AVE 7001 SW 97TH AVE 2ND FLOOR 2ND FLOOR MIAMI FL 33173 ひひひひなみびん MIAMI FL 33173-1472 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0573163 Zip Country Not Applicable Country 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent Name CARRICARTE, MICHAEL 7001 SW 97TH AVE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33173** Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing (See criteria on back) \$5.00 May Be Make Check Payable to Department of State Trust Fund Contribution. Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete CARRICARTE, MICHAEL L ☐ Change Addition STREET ADDRESS 7001 SW 97THA VE STREET ADDRESS MIAMI FL 33173 CITY-ST-ZIP TITLE CD ☐ Delete NAME CARRICARTE, MICHAEL A ☐ Change Addition NAME STREET ADDRESS 7001 SW 97TH AVE STREET ADDRESS CITY-ST-ZIP MIAM! FL 33173 CITY-ST-7IP TITLE Delete BRIGGLE, THOMAS Y DR TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS 7001 SW 97th AVE STREET ADDRESS CITY-ST-7IP MIAMI FL 83 73 CITY-ST-ZIP TITLE Delete Delete TITLE VAME CARRICARTE, JENNIFER L Change ☐ Addition NAME TREET ADDRESS 7001 SW 97TH AVE STREET ADDRESS ITY-ST-ZIP MIAMI FL 33173 CITY-ST-ZIP TLE ☐ Delete TITLE SCHLERNITZAUER, SUZANNE M AME ☐ Change ☐ Addition NAME TREET ADORESS 7001 SW 97TH AVE STREET ADDRESS TY-ST-ZIP MIAMI FL 33173 CITY-ST-ZIP TJ F Delete TITLE 7001 SW 97 Arene MI AMI Ela 33173 KARDONSKI, ANNE LOUISE ME Addition NAME REET ADDRESS 7001 SW 97TH AVE STREET ADDRESS TY-ST-71P **MAIMI FL 33173** CITY-ST-ZIP

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 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 Block 12 in Block 11 or Block 12 in B