

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000000790

1. Entity Name
U.S.A. MEDICAL SERVICES CORPORATION



Principal Place of Business

7001 SW 97TH AVE
2ND FLOOR
MIAMI, FL 33173 US

Mailing Address

7001 SW 97TH AVE
2ND FLOOR
MIAMI, FL 33173 US

DO NOT WRITE IN THIS SPACE



03092004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0573163

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARRICARTE, MICHAEL
7001 SW 97TH AVE
MIAMI, FL 33173

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IN THIS SPACE**

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000131829
04/27/04-80022-010 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CARRICARTE, MICHAEL L
STREET ADDRESS 7001 SW 97TH AVE
CITY-ST-ZIP MIAMI, FL 33173

TITLE CD
NAME CARRICARTE, MICHAEL A
STREET ADDRESS 7001 SW 97TH AVE
CITY-ST-ZIP MIAMI, FL 33173

TITLE T
NAME KOLBER, CLIFFORD
STREET ADDRESS 7001 SW 97TH AVE
CITY-ST-ZIP MIAMI, FL 33173

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 if 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

Date

Daytime Phone #