3/28

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

03-28-2001 90218 005 ***150.00

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000029606

1. Entity Name

UNIHEALTH MEDICAL SERVICE, INC.

Principal Place of Business	Mailing Address
2994 NW 7ST MIAMI FL 33125	2994 NW 7ST MIAMI FL 33125

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0490468 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~PEREZ, LUIS D~~ ~~2885 S.W. 3RD ROAD~~ ~~SUITE 200~~ ~~MIAMI FL 33129~~	Name Juan Fernandez-Puig Street Address (P.O. Box Number is Not Acceptable) 2994 NW 7 Street City Miami, FL FL Zip Code 33125

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 Juan Fernandez Puig 4.10.01
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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE JESUS PEREZ, LUIS J 8782 SW 8 ST MIAMI FL 33174	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~PS~~ ~~UGARRIZA, MIRTHA D~~ ~~2885 S.W. 3RD ROAD, SUITE 200~~ ~~MIAMI FL 33129~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Presi-dent Juan Fernandez Puig 2994 NW 7 Street Miami, FL 33125	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: President 3/19/01 305-644-1455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #