

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000055416

1. Entity Name  
**X MED HEALTH SERVICES, INC.**

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**  
02-13-2001 90596 002 \*\*\*150.00

0162762

Principal Place of Business <b>5200 S.W. 8TH STREET SUITE 109 &amp; 111 CORAL GABLES FL 33134</b>	Mailing Address <b>5200 S.W. 8TH STREET SUITE 109 &amp; 111 CORAL GABLES FL 33134</b>
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2. Principal Place of Business <b>5200 S.W. 8TH STREET</b>	3. Mailing Address <b>5200 S.W. 8TH STREET</b>
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Suite, Apt. #, etc. <b>SUITE 109 &amp; 111</b>	Suite, Apt. #, etc. <b>SUITE 109 &amp; 111</b>
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City & State <b>Coral Gables, FL</b>	City & State <b>Coral Gables, FL</b>
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Zip <b>33134</b>	Country <b>Miami Dade</b>	Zip <b>33134</b>	Country <b>Miami Dade</b>
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0427567</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>RIVEIRO, RAUL F 14823 S.W. 81TH STREET MIAMI FL 33193</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P RIVEIRO, RAUL F 14823 SW 81TH STREET MIAMI FL 33193</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V LEMUS, RAUDEL 15801 SW 79TH TERRACE MIAMI GABLES FL 33193</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V RIVEIRO, RAUL F 14823 S.W. 81 STREET MIAMI FL 33193</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-01

Date

(305) 774-0007

Daytime Phone #

CR2E034 (10/00)