

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90395 028 ***550.00

0042751 AV

DOCUMENT # P93000067006

1. Entity Name
UNIVERSAL MEDICAL CLINIC, INC.



Principal Place of Business
**747 PONCE DE LEON BOULEVARD
SUITE #502
CORAL GABLES FL 33134
US**

Mailing Address
**747 PONCE DE LEON BOULEVARD
SUITE #502
CORAL GABLES FL 33134
US**



2. Principal Place of Business
2970 SW 8 street
Suite, Apt. #, etc.

3. Mailing Address
2970 SW 8 street
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Miami, Florida
Zip
33135
Country
Miami Dade

City & State
Miami, Florida
Zip
33135
Country
Miami Dade

4. FEI Number **65-0443196**
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DUMENIGO, FRANCISCO ESQ
225 ALESIO AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIZARRO, GEORGE R MD 747 PONCE DE LEON BOULEVARD CORAL GABLES FL 33134	<input type="checkbox"/> Delete
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** 7/17/03 (305) 649-9092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)