

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90183 029 ***150.00

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

DOCUMENT # P93000067694		
1. Entity Name LUMAR'S HEALTH CARE CORP.		
Principal Place of Business 6850 CORAL WAY 506 MIAMI, FL 33155 US		Mailing Address 6850 CORAL WAY 506 MIAMI, FL 33155 US
2. Principal Place of Business 3735 SW P STREET # 205 Suite, Apt. #, etc. 205 City & State MIAMI, FLORIDA Zip 33134 Country		3. Mailing Address 3735 SW P STREET Suite, Apt. #, etc. 205 City & State MIAMI, FLORIDA Zip 33134 Country
☐ CHECK HERE IF MAKING CHANGES		4. FEI Number, 65-0523029 Applied For 68-0523029 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent RODRIGUEZ, ZOE 6850 CORAL WAY SUITE 506 MIAMI, FL 33155		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's signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 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	PD RODRIGUEZ, ZOE 11 SW 57 CT MIAMI, FL 33144 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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: <u>/s/ Zoe Rodriguez</u> 4/15/03 305-6480084 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

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CFR2034 (10/02)