

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90048 024 \*\*\*150.00

**DOCUMENT # P94000007342**

1. Entity Name

**PALM SPRINGS MEDICAL SERVICES OF SOUTH FLORIDA,**

00008177



DO NOT WRITE IN THIS SPACE

Principal Place of Business 52 EAST 5 STREET HIALEAH FL 33010 US	Mailing Address P O BOX 5137 HIALEAH FL 33014-1137 US
---	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number <b>65-0463205</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
------------------------------------	---	---

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>GARCIA, RAMON</b> <b>10185 COLLINS AVE.</b> <b># 803</b> <b>BAL HARBOUR FL 33154</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 _____	
--	--

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, 2000 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
---	---	---	------------------------------------

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GARCIA, RAMON</b> <b>10185 COLLINS AVE., # 803</b> <b>BAL HARBOUR FL 33154</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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 reports 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 empowerments.

SIGNATURE:  DATE: **JANUARY 14, 2000**

CR2E034 (9/99)