

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2002 8:00 am
Secretary of State

08-20-2002 90124 017 ***550.00

DOCUMENT # P94000007342

1. Entity Name
PALM SPRINGS MEDICAL SERVICES OF SOUTH FLORIDA, INC.

Principal Place of Business
52 EAST 5 STREET
HIALEAH FL 33010
US

Mailing Address
P O BOX 5137
HIALEAH FL 33014
US

UUIUUIU



2. Principal Place of Business
12133 PENNACKE RD.

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PENNACKE RIDES, FL

City & State

4. FEI Number **65-0463205**

Applied For
 Not Applicable

Zip **33005** Country **BROWARD**

Zip Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA, RAMON
10185 COLLINS AVE.
803
BAL HARBOUR FL 33154

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 *[Signature]*
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	D GARCIA, RAMON 10185 COLLINS AVE., # 803 BAL HARBOUR FL 33154	<input type="checkbox"/> Delete
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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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/2002 (854) 970 2240
 Date Daytime Phone #

CR2E034 (4/02)