

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

DOCUMENT # **P94 0000 36337**

1. Entity Name

**DADELAND PRIMARY CARE SERVICES INC**

FILED

03 SEP 29 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**4930 PALM AVE**

3. Mailing Address

**4930 PALM AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**HIALEAH FL**

City & State

**HIALEAH FL**

4. FEI Number

**65-04289-84**

Applied For

Not Applicable

Zip

**33012**

Country

**USA**

Zip

**33012**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**GARCIA, CARLOS**

Street Address (P.O. Box Number is Not Acceptable)

**4930 PALM AVE**

City

**HIALEAH**

**FL**

Zip Code

**33012**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

**CARLOS GARCIA,**

(NOTE: Registered Agent signature required when reinstating)

DATE

**9/10/03**

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**GARCIA, CARLOS  
4930 PALM AVE  
HIALEAH, FL 33012**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**900023400179  
09/29/03--01057--008 \*\*150.00**

TITLE

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STREET ADDRESS

CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CARLOS GARCIA,**

**President**

Date

**9/10/03**

Daytime Phone #

CR2E034B (12/01)

MIAMI, SEPTEMBER 10, 2003

FLORIDA DEPARTMENT OF STATE  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
ANNUAL REPORT/REINSTATEMENT SECTION  
P.O. BOX 6327  
TALLAHASSEE, FL. 32314-6327.

DOCUMENT NUMBER P94000036337


DEAR DEPARTMENT OF STATE:

AS PER OUR TELEPHONE CONVERSATION WE ARE ENCLOSING CK.  
FOR \$150.00.

PLEASE BE ADVISED AS MENTIONED ON THE PHONE, WE HAVE RENEWED  
OUR CORPORATION EVERY YEAR, BUT WE DID NOT RECEIVED THE  
ANNUAL REPORT THIS YEAR BECAUSE WE CHANGE ADDRESS.  
SO, THEREFORE I AM PLEADING YOU TO ABSOLVE THE PENALTY CHARGES.

PLEASE IF YOU HAVE ANY QUESTION DO NOT HESITATE TO CONTACT ME,

SINCERELY,

  
CARLOS GARCIA,  
PRESIDENT  
305-821-7383