

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90634 021 ***150.00

DOCUMENT # P94000046372

1. Entity Name
ZIGMA MEDICAL CARE, INC.

| | |
|---|---|
| Principal Place of Business 1800 SW 1ST STE 320 MIAMI FL 33135 US | Mailing Address 256 NW 42 AVE. MIAMI FL 33126 |
|---|---|



DO NOT WRITE IN THIS SPACE

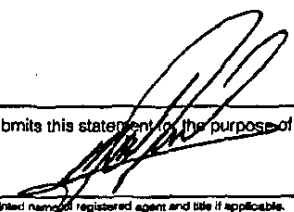
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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State | 3. Mailing Address Suite, Apt. #, etc. City & State |
|---|---|

| | |
|------------------------------------|--|
| 4. FEI Number 65-0499619 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent HUARTE, MICHEL 1800 SW 1ST STE 320 MIAMI FL 33135 | | 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.

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"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PTD HUARTE, MICHEL 6830 MIAMI LAKES MIAMI LAKES FL 33014 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS HUARTE, MICHEL 6830 MIAMI LAKES MIAMI LAKES FL 33014 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (10/00)