

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90015 019 ***558.75

DOCUMENT # P94000064652

1. Entity Name
PROFESSIONAL MED.CARE GROUP, INC

Principal Place of Business Mailing Address
8887 SW 12th ST 8887 SW 12th ST
MIAMI FL 33174 MIAMI FL 33174

00057332

2. Principal Place of Business N/A
 3. Mailing Address N/A

State, Apt. #, etc. State, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0518306** Applied For Part Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MAGALY P. DOMINQUEZ
8887 SW 12th STREET
MIAMI FL 33174

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. This 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 date if applicable. (NOTE: Registered Agent signature required when removing) DATE

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

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. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE PD NAME MAGALY P. DOMINQUEZ STREET ADDRESS 8887 SW 12th ST CITY-ST-ZIP MIAMI FL 33174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *Magaly Dominey* J-30-01 305-826-5885

CR2E034 (11/00)