

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

02/5127 AV

DOCUMENT # P94000064652

1. Entity Name
PROFESSIONAL MED-CARE GROUP, INC.

04-22-2002 90315 018 ***158.75

Principal Place of Business
8887 SW 12TH ST.
MIAMI FL 33174
US

Mailing Address
8887 SW 12TH STREET
MIAMI FL 33174



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0518306**

Applied For
 Not Applicable

Zip Country

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

DOMINGUEZ, MAGALY P
8887 SW 12TH STREET
MIAMI FL 33174

Name **MYRENE DIAZ-GUZMAN**

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

8887 SW 12th ST

City **MIAMI** FL Zip Code **33174**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-8-02

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 \$150.00
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** Delete
 NAME **DOMINGUEZ, MAGALY P**
 STREET ADDRESS **8887 SW 12TH STREET**
 CITY-ST-ZIP **MIAMI FL 33174**

TITLE **PD** Change Addition
 NAME **MYRENE DIAZ-GUZMAN**
 STREET ADDRESS **8887 SW 12 ST (PRESIDENT)**
 CITY-ST-ZIP **MIAMI FL 33174**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

4-8-02 **205-229-9303**
 Date Daytime Phone #

CR2E034 (9/01)