2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P94000066003 **DOCUMENT #**

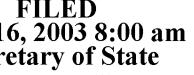
1. Entity Name

FLORIDA INTERNATIONAL HEALTH CENTER, INC.





04-16-2003 90245 009 ***150.00



						No.						
Principal Place of Business 2141 NW 7TH ST MIAMI FL 33125			Mailing Address 2141 NW 7TH ST MIAMI FL 33125									
2. Principal Place of Business			3. Mailing Address					1		846 15		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				=	CHECK HERE IF	MAKING	CHANGES		
City & State			City & State				4.	FEI Number 65-0527565		<u> </u>	plied For	
Zip Country			Zip Count			try	5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name	and Address of Current I	Registere	ed Agent		1	7.	Name and Address of New Re	aistered			
· · ·				<u> </u>		Name						
ASUSTA, TOMAS 431 BIRD ROAD							Street Address (P.O. Box Number is Not Acceptable)					
	ABLES FL	33146										
OOIME G	ADEC 1	55140				City			FL	Zip Code	э	
	named entit		the purp	ose of changing its	registere	ed office or regist	tered ag	ent, or both, in the State of Florid	da. Lami	familiar with,	and accept	
											}	
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if app	olicable (NOTS	: Registere	d Agent signature requir	red when re	einstating)	DATE			
F	II E NOW!	II EEE IS \$150.00										
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00								9. Election Campaign Fina	_		O_May.Be	
		o Florida Department of	State		•			Trust Fund Contribution.	L	J Added	I to Fees	
10.		OFFICERS AND I	DIRECTO	PRS	11.		ĀC	DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTORS	S IN 11	
TITLE	CDPS			Delete	TITLE	:				☐ Change	Addition	
NAME	CREGO, I				NAM	í						
STREET ADDRESS		THWEST 21ST COURT				ET ADDRESS						
CITY-ST-ZIP	MIAMI FL	33125	_		CITY	-ST-ZIP					<u></u>	
TITLE	DST	701110		Delete	TITLE	L L				Change	☐ Addition	
NAME	ASUSTA,				NAM	- 1						
STREET ADDRESS CITY-ST-ZIP	MIAMI FL	THWEST 21ST COURT				ET ADDRESS - ST-ZIP					,	
	MINIMITE	33123							•	Change	Addition	
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CITY-ST-ZIP						ST-ZIP		•			{	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

HATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR