

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000070899

1. Entity Name

COMPUTERIZED MEDICAL SERVICES OF SOUTH FLORIDA, INC.

Principal Place of Business

12367 SW 140 St.
Miami, FL. 33186

Mailing Address

Same

2. Principal Place of Business

12367 SW 140 St

Suite, Apt. #, etc.

3. Mailing Address

12367 SW 140 St.

Suite, Apt. #, etc.

City & State

Miami, FL.

Zip

33186

Country

USA

City & State

Miami, FL.

Zip

33186

Country

USA

4. FEI Number

65-0522976

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 APR 30 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

ARRECHEA, KARLA M
12367 SW 140 St.
Miami, FL. 33186

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

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

KARLA M. ARRECHEA, President

(NOTE: Registered Agent signature required when reinstating)

4/26/2001

DATE

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

FILE NOW!!! FEB 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 ☐ Delete
NAME ARRECHEA, KARLA M
STREET ADDRESS 12367 SW 140 St
CITY-ST-ZIP Miami, FL. 33186

TITLE VD ☐ Delete
NAME ARRECHEA, KAREL B
STREET ADDRESS 12367 Sw 140 St.
CITY-ST-ZIP Miami, FL. 33186

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 600004136746-1
STREET ADDRESS -05/04/01--01071--029
CITY-ST-ZIP *****300.00 *****150.00

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

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

KARLA M. ARRECHEA

4/26/2001

(786) 242-4730