FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State
04-29-2003 90067 048 ***150.00

DOCUMENT # P94000070899

1. Entity Name
Computerized Medical Services of S. FL., INC.

DO NOT WRITE IN THIS SPACE

10090752

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
12367 SW 140 St		1000 Ponce de Leon	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 305	
City & State: Miami, FL		City & State: Coral Gables, FL	
Zip: 33186	Country: USA	Zip: 33134	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

7. **Name and Address of Current Registered Agent**
Name: Arrechea, Karla Marina
Street Address (P.O. Box Number is Not Acceptable): 12367 SW 140 St
City: Miami **FL** Zip Code: 33186

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	TITLE	
NAME	ARRECHEA, KARLA MARINA	NAME	
STREET ADDRESS	12367 SW 140 St	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL. 33186	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Karla M. Arrechea — 4/4/03 — (305) 448-8627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

100907S2

#P94000070899

EXPRESS CORPORATE FILING SERVICE INC.
Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101
Address

CORAL GABLES, FL 33134 (305) 444-4994
City/State/Zip Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. COMPUTERIZED MEDICAL SERVICES OF SOUTH FLORIDA INC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in ☒ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

RECEIVED
03 APR 29 AM 10:18
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
☒	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Examiner's Initials	

CR2E031(9/92)