

91-03
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P94000071295

1. Entity Name

PRIME CARE MEDICAL, INC.



03 MAY 15 AM 10:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7888 WEST FLAGLER STREET

3. Mailing Address

7888 WEST FLAGLER STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number 65-0522868

Applied For
Not Applicable

Zip
33144

Country
US

Zip
33144

Country
US

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

7. Name and Address of Current Registered Agent

Name VICENTE CARMONA

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

7888 WEST FLAGLER STREET

City MIAMI

FL

Zip Code
33166

**DO NOT WRITE
IN THIS SPACE**

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
NAME
STREET ADDRESS
CITY - ST - ZIP
P/V/S/T/D
VICENTE CARMONA
7888 WEST FLAGLER ST. MIAMI, FL 33166

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

400019845544
05/23/03--01043--029 **450.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICENTE CARMONA

05-14-03

Date

Daytime Phone #

CR2003-48 (12/02)

91 515

PRIME CARE MEDICAL, INC.

TO WHOM IT MAY CONCERN:
TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE FOR 2001 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT .

CORDIALLY

A handwritten signature in black ink, appearing to read 'Vicente Carmona', written over the word 'CORDIALLY'.

VICENTE CARMONA
PRESIDENT