

002002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P9500000 1528**
 1. Entity Name **City Care Medical Services Inc**

FILED
 CLERK OF STATE
 DIVISION OF CORPORATIONS
 02 FEB -4 PM 1:31

Principal Place of Business Mailing Address
911 N.W. 27 Ave. **Same**
Miami, FL 33125

600004911456--8
-02/12/02--01030--042
******150.00 ****150.00**
 DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
911 N.W. 27 Ave.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
1st Floor

City & State City & State
Miami, FL

Zip Country Zip Country
33125 **Same**

4. FEI Number Applied For
05-0544760 Not Applicable

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

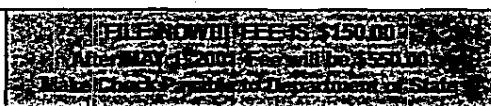
6. Name and Address of Current Registered Agent
Felipe Rodriguez
911 N.W. 27 Ave.
Miami, FL 33125

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. (NOTE: Registered Agent signature required when reinstating) DATE **3**

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



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

11. OFFICERS AND DIRECTORS

TITLE (P)	Felipe Rodriguez	<input type="checkbox"/> Delete
NAME	911 N.W. 27 Ave.	
STREET ADDRESS	Miami, FL 33125	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	600004911456--8
CITY-ST-ZIP	-02/12/02--01030--041
	****150.00 ****150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	600004911456--8
CITY-ST-ZIP	-02/12/02--01030--043
	****150.00 ****150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **01/16/02**
 SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Miami, FL, January 17, 2002

FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

REF: CITY CARE MEDICAL SERVICES, INC. EIN: 65-0544760

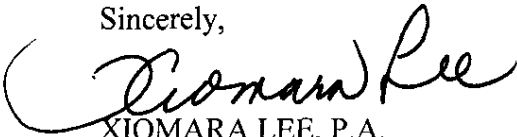
Dear Sirs,

This is to inform you that CITY CARE MEDICAL SERVICES, INC. was dissolved on September 22, 2000 and therefore, the 2000 Annual Report was not filed. Moreover, the business was moved to 911 NW 27th Ave, Miami, FL 33125 and we did not receive any documents to the new address.

We are sending a payment of \$150.00 corresponding to the pending annual report payments.

We apologize for any inconvenience this may have caused.

Sincerely,


XIOMARA LEE, P.A.