2000 UNIFORM BUSINESS REPORT (UBR)

FILED
00 OCT -3 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000004399

1. Entity Name

PACIFIC MEDICAL SERVICES, INC.

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
11880 SW 40th St.	11880 SW 40th St.
Suite, Apt. #, etc.: 311	Suite, Apt. #, etc.: 311
City & State: Miami, FL 33175	City & State: Miami, FL 33175
Zip / Country	Zip / Country

REINSTATEMENT

4. FEI Number: 65-0548291

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name: Armando Zamora

Street Address (P.O. Box Number is Not Acceptable): 11880 SW 40th St. Suite 311

City: Miami FL Zip Code: 33175

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 _____ DATE

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

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

FILE NOW!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 Added

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P/T/V Armando Zamora 11880 SW 40th St. Suite 311 Miami, FL 33175 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300003456323--6 -11/07/00--01134--011 ****500.00 ****500.00 ☐ Change
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300003456323--6 -11/07/00--01134--012 ****250.00 ****250.00 ☐ Change
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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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 9/25/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #