

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90097 012 ***150.00

0132224 AV

DOCUMENT # P95000011596

1. Entity Name

MEDICAL NECESSITY SERVICE INC.

Principal Place of Business

**353 EAST 1ST AVENUE
 HIALHEAH FL 33010
 US**

Mailing Address

**353 EAST 1ST AVENUE
 HIALHEAH FL 33010
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

444 Palm Ave

3. Mailing Address

444 Palm Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah FL

City & State

Hialeah FL

Zip

33010

Country

Miami Dade

Zip

33010

Country

Miami Dade

4. FEI Number

65-0555289

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ALEMAN, ALBERTO
 353 EAST 1ST AVENUE
 HIALHEAH FL 33010**

7. Name and Address of New Registered Agent

Name **ALEMAN ALBERTO**
 Street Address (P.O. Box Number is Not Acceptable)
444 Palm Ave.
 City **Hialeah** FL Zip Code **33010**

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)

4/22/02.
 DATE

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, 2002 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 **P** ☐ Delete
 NAME **ALEMAN, ALBERTO**
 STREET ADDRESS **353 EAST 1ST AVENUE**
 CITY-ST-ZIP **HIALHEAH FL 33010**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **444 Palm Ave Hialeah FL 33010**
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 **(3N) 335-1293.**
 Date Daytime Phone #

CR2E034 (9/01)