2001 UNIFORM BUSINESS REPORT (UBR)

Mar 12, 2001 8:00 am DOCUMENT # P95000033757 **Secretary of State** MEDICAL RECORDS PROFESSIONAL SERVICES INC. 03-12-2001 90483 047 ***150.00 Principal Place of Business Mailing Address 9591 FONTAINEBLEU BLVD P.O. BOX 832789 **APT 203** MIAMI FL 33283-2789 MIAMI FL 33172 US 2. Principal Place of Business 3. Mailing Address 15809 (4) 997errace Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0577147 Not Applicable 33/96 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **GUERRA, VIVIAN** 9591-FONTAINEBLEAU-BLVD **MIAMI FL 33172** 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. THTLE Delete TITLE Change GUERRA, VIVIAn NAME **GUERRA, VIVIAN** NAME 15809SW99TERCULE STREET ADDRESS STREET ADDRESS 2316 SW 58 AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33155 GUERRA MARCEIOF. DI 15809 SW 99 TERRACE TITLE ☐ Delete TITLE NAME GUERRA, MARCELLO E NAME STREET ADDRESS STREET ADDRESS 2316 SW 58 AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33155 TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP 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.