

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2001 8:00 am
Secretary of State

06-05-2001 90030 032 ***550.00

00057669

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000037404
 1. Entity Name
TEXI MEDICAL SERVICES, INC.

Principal Place of Business Mailing Address
 3600 S. State Road 7 same
 Suite 236
 Miramar, Fl.33023

2. Principal Place of Business 3. Mailing Address
 same same
 Suite, Apt. #. etc. Suite, Apt. #. etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number
65-0590337
 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 REINALDO DELGADO
 3600 S. State Rd. 7
 Suite 236
 Miramar, Fl.33023

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  **Reinaldo Delgado** 5-31-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: registered Agent signature required when reinstating) 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, 2001 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	D/P/VP/T	Delgado, Reinaldo	<input type="checkbox"/> Delete
NAME	3600 S.State Rd. 7		
STREET ADDRESS	Miramar, Fl.33023		
CITY-ST-ZIP			
TITLE	D/S	CHISHOLM, Elessee M.	<input type="checkbox"/> Delete
NAME	10581 SW. 155 PL. # 1616		
STREET ADDRESS	Miami, Fl. 33196		
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"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 19.07(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:  **Reinaldo Delgado** 5-31-01 305- 887 4185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)