2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000047556



CARE MEDICAL SERVICES, INC. Principal Place of Business Mailing Address 10550 N.W. 77TH CT., SUITE 311 10550 N.W. 77TH CT., SUITE 311 HIALEAH GARDENS FL 33016 HIALEAH GARDENS FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 65-0591823 Zip Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent-7. Name and Address of New Registered Agent Name ALFONZO, ALINA Street Address (P.O. Box Number is Not Acceptable) 10550 N.W. 77TH CT., SUITE 311 HIALEAH GARDENS FL 33016

FILED Sep 18, 2000 8:00 am Secretary of State

09-18-2000 90033 034 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

			City	FL	Zip Code	9
8. The above	named entity submits this statement for the	ne purpose of changing its re	egistered office or registere	d agent, or both, in the State of Florida.		
ordinarione .	Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	Registered Agent signature required w	when reinstating) DATE		
Tax filing requirement and elects to do so After SEPTEMBER 13		FEE IS \$550.00 , 2000 Min. will be \$750. e to Department of State	Trust Fund Contribution.		0 May Be I to Fees	
11.	OFFICERS AND DI	RECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	3 IN 11
TITLE Name Street address City-St-Zip	D ALFONSO, ALINA 5350 W. 21ST CT., #404 HIALEAH FL 33016	☐ Defete	NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE Name Street address (City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change .	☐ Addition
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indicated :	on this report or supplemental report is tri	se and accurate and that my	sionature shall have the sa	tion 119.07(3)(i), Florida Statutes. I further cert ame legal effect as if made under oath; that I a Florida Statutes; and that my name appears in	m an officer o	or director

changed, or on an attachment with an ac

SIGNATURE:

Daytime Phone #

02086919

Care Medical Services, Inc. 10550 N.W. 77th Court #311 Hialeah Gardens, FL 33016

9/12/00

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Please be informed that we never received this notice before May1, 2000 in order to renew at \$150.00. We have not changed address. So please accept our \$150.00 fee since it was not negligence on our part.

Thank You,