

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 29, 2001 8:00 am
Secretary of State

06-29-2001 90005 013 ***150.00

DOCUMENT # **P95000047556**

1. Entity Name

CARE MEDICAL SERVICES, INC.



Principal Place of Business

Mailing Address

10550 NW 77TH CT ST 311
HAIALEAH GARDENS FL 33016

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0591823

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

A0075438

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALINA ALFONSO
5350 W 21 ST CT # 404
HAIALEAH FL 33016

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **ALINA ALFONSO**
STREET ADDRESS **5350 W 21 ST CT # 404**
CITY-ST-ZIP **HAIALEAH FL 33016**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Alina Alfonso

6-25-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

Attachment Doc# P95000047556 A0015438



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 5, 2001

CARE MEDICAL SERVICES, INC.
10550 N.W. 77TH CT., SUITE 311
HIALEAH GARDENS, FL 33016

SUBJECT: CARE MEDICAL SERVICES, INC.
Ref. Number: P95000047556

We have received your check(s); however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/cc
ANNUAL REPORTS SECTION

Letter number: 401A00034215

Director's Office