

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P95000047556**

1. Entity Name  
**CARE MEDICAL SERVICES, INC.**



**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90037 006 \*\*\*150.00

Principal Place of Business  
**10550 N.W. 77TH CT., SUITE 311  
HIALEAH GARDENS FL 33016**

Mailing Address  
**10550 N.W. 77TH CT., SUITE 311  
HIALEAH 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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALFONZO, ALINA  
5350 W. 21ST CT.  
#404  
HIALEAH GARDENS 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing - **\$5.00 May Be  
Trust Fund Contribution. ☐ Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **ALFONSO, ALINA**  
STREET ADDRESS **5350 W. 21ST CT., #404**  
CITY-ST-ZIP **HIALEAH 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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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 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

**1/7/03**

Date

Daytime Phone #

CR2E034 (10/02)