

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90219 001 ***150.00

DOCUMENT # P96000036416

1. Entity Name
CAREMED NETWORK, INC.



Principal Place of Business
**7805 CORAL WAY
SUITE 103
MIAMI FL 33155-6539**

Mailing Address
**P.O. BOX 442070
MIAMI FL 33144-2070**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0667602**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**DE LA TORRE, ROSA
7805 CORAL WAY
SUITE 103
MIAMI FL 33155-6539**

Name **REGALADO, JOSE M.**
Street Address (P.O. Box Number is Not Acceptable)
7805 CORAL WAY, SUITE 103
City **MIAMI** FL Zip Code **33155-6539**

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

2/14/03

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
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input type="checkbox"/> Delete
NAME	DE LA TORRE, ROSA	
STREET ADDRESS	7805 CORAL WAY, SUITE 103	
CITY-ST-ZIP	MIAMI FL 33155-6539	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA TORRE, ROSA	
STREET ADDRESS	7805 CORAL WAY, SUITE 103	
CITY-ST-ZIP	MIAMI, FLORIDA 33155-6539	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REGALADO, MARIA C.	
STREET ADDRESS	7805 CORAL WAY, SUITE 103	
CITY-ST-ZIP	MIAMI, FLORIDA 33155-6539	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIAZ, ISABELLE	
STREET ADDRESS	7805 CORAL WAY, SUITE 103	
CITY-ST-ZIP	MIAMI, FLORIDA 33155-6539	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CABEZAS, PATRICIA	
STREET ADDRESS	7805 CORAL WAY, SUITE 103	
CITY-ST-ZIP	MIAMI, FLORIDA 33155-6539	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Jose M. Regalado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/14/03

Date

305-269-9788

Daytime Phone #

CP2E034 (10/02)