

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000071280

1. Entity Name

MOBILE COMMUNITY HEALTH SERVICES, INC.



FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90034 001 ***158.75

08-11-2000 90034 002 ***150.00

Principal Place of Business

3715 A NW 7TH STREET, SUITE 570
MIAMI FL 33126
US

Mailing Address

3715 A NW 7TH STREET, SUITE 570
MIAMI FL 33126
US

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

65-0693216

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

GONZALEZ, ELIANA
280 S W 8TH STREET
SUITE 532
MIAMI FL 33130

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
T
QUINTANA, NIURKA
3715A NW 7TH STREET, #570
MIAMI FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
GONZALEZ, ELIANA
280 S W 8TH STREET, SUITE #532
MIAMI FL 33130

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

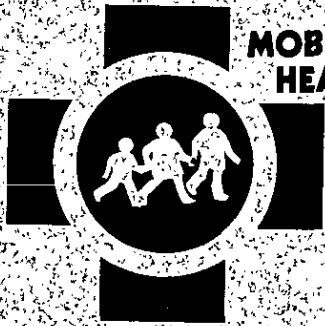
7-25-00

Date

(305) 259 0981

Daytime Phone #

CR2E034 (5/00)



**MOBILE COMMUNITY
HEALTH SERVICES**

Doc # P960000 71280

19440

July 25, 2000

Uniform Business Report
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Gentlemen:

Pursuant to instructions received over the telephone from one of your agents, We are sending the completed 2000 Uniform Business Report along with the original fee of \$150.00 plus \$8.75 for a Certificate of Status.

For the second consecutive year we did not received the original report on time in order to comply with your original dateline. Our company can not afford the penalties for late filing. Consequently, we are respectfully requesting that you waive this late fee and accept our apologies. We have verified our mailing address with your agent and we expect that this will not happen again.

We thank you in advance for your cooperation. Should you need additional information please contact the undersigned.

Very Truly yours,


Eliana Gonzalez
President

1-888-258-2710