11/15/2001 10:07 00000000

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV 28 PM 1:27

DOCUMENT # P96000073493

1. Entity Name

Executive HealthCARE Systems

Principal Place of Business

Esther AlVAREZ
8735 SW 72nd ST
Miami, FL 33173

Mailing Address

2. Principal Place of Business	3. Mailing Address
8735 SW 72nd St	8735 SW 72nd St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MiAmi, Florida	City & State: Miami, FL 33173
Zip: 33173 / Country: USA	Zip: 33173 / Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 650710494 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Esther ALVAREZ
8735 SW 72nd St
Miami, FL 33173

7. Name and Address of New Registered Agent

Name: Esther AlVAREZ
Street Address (P.O. Box Number is Not Acceptable): 8735 SW 72nd street
City: Miami FL Zip Code 33173

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] Esther AlVAREZ 11-19-01

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). ☐

[redacted]

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D Esther ALVAREZ 15811 SW 54 Terr Miami, FL 33183 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400004721164--0 -12/12/01--01077--009 ****150.00 ****150.00
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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] Esther Alvarez 11-19-01 (305) 275-1711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #