

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000095238**

1. Entity Name

UNITED MEDICAL SERVICES OF SOUTH FLORIDA, INC.



Principal Place of Business

6370 HAWKES BLUFF AVE  
DAVIE, FL 33331

Mailing Address

6370 HAWKES BLUFF AVE  
DAVIE, FL 33331



01202004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0736591

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DONET, DAVID A ESQ.  
2655 LE JEUNE ROAD  
PENTHOUSE II-C  
CORAL GABLES, FL 33134

**DO NOT WRITE  
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000118264  
04/19/04-80053-002 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PVST  
DOMENECH, ERNIE  
6370 HAWKES BLUFF AVE  
DAVIE, FL 33331

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
DOMENECH, ERNIE  
6370 HAWKES BLUFF AVE  
DAVIE, FL 33331

TITLE  
NAME  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/04

Date

(409) 384-2236

Daytime Phone #