2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000010383**

Country

HERNANDEZ, FRANK C

DAVIE FL 33328

5400 S. UNIVERSITY DRIVE., #405

9. This corporation is eligible to satisfy its Intangible

6. Name and Address of Current Registered Agent

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

City & State

Zio

SIGNATURE

ACCUMED HEALTH MANAGEMENT SERVICES, INC.

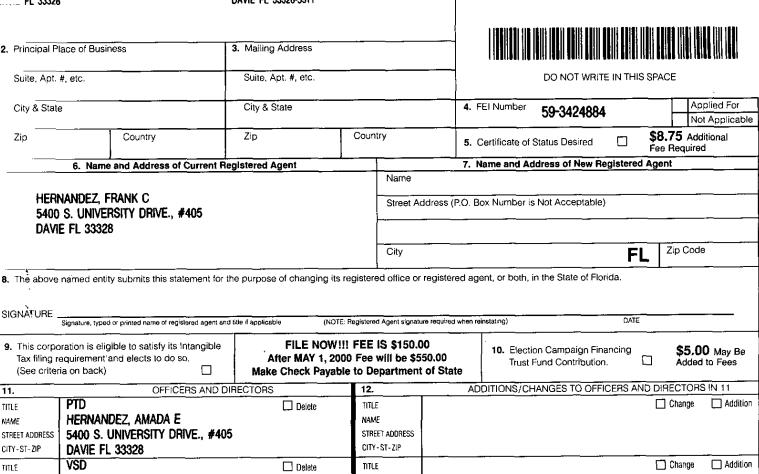
Principal Place of Business S. UNIVERSITY DRIVE #405 FL 33328	Mailing Address 5400 S. UNIVERSITY DRIVE #405 DAVIE FL 33328-5311	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

City & State

Zip

FILED Apr 27, 2000 8:00 am Secretary of State

04-27-2000 90055 048 ***150.00



After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12 11. PTD TITLE Delete TITLE HERNANDEZ, AMADA E NAME 5400 S. UNIVERSITY DRIVE., #405 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33328 VSD TITLE ☐ Delete TITLE CALANO, MARTIN J NAME NAME 5400 S. UNIVERSITY DRIVE., #405 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33328 ☐ Addition ☐ Delete TITLE Change TITLE HERNANDEZ, FRANK C NAME 5400 S. UNIVERSITY DRIVE., #405 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DAVIE FL 33328** ☐ Delete TITLE ☐ Change Addition TITLE CALANO, BARBARA NAME 5400 S. UNIVERSITY DRIVE., #405 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE DAVIE FL 33328 Delete TITI F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Country

FILE NOW!!! FEE IS \$150.00

Name

City

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 An address, with all other like empowered.

SIGNATURE: