

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000012390

1. Entity Name

R.C.M. MEDICAL SERVICES, INC.

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90074 049 \*\*\*150.00

Principal Place of Business

1570 W 43 PLACE ST  
25  
HIALEAH FL 33012  
US

Mailing Address

1570 W 43 PLACE ST  
25  
HIALEAH FL 33012-7682  
US

2. Principal Place of Business

330 SW 27 AVE

3. Mailing Address

330 SW 27 AVE

Suite, Apt. #, etc.

306

Suite, Apt. #, etc.

306

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0731155

Applied For

Not Applicable

Zip

33135

Country

U.S.A

Zip

33135

Country

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

DUARTE, RAMON A  
4570 WEST 43 PL  
STE 25  
HIALEAH FL 33012  
330 S.W. 27 AVE #306  
MIAMI FL 33135

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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	PD	Delete
NAME	DUARTE, RAMON A	
STREET ADDRESS	330 S.W. 27 AVE # 306	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Ramon Duarte*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/11/2000 (305)6319696

CR2E034 (9/99)