

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000036103

1. Entity Name

ISOLA HEALTH CONSULTING, INC.

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90295 033 ***150.00

Principal Place of Business

Mailing Address

11880 BIRD RD
411
MIAMI FL 33175
US

11880 BIRD RD
411
MIAMI FL 33175
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 65-0748459

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

~~OLASCOAGA, ISABEL~~
11880 BIRD ROAD SUITE 411
MIAMI FL

Name Valerio Toyos M.D.
Street Address (P.O. Box Number is Not Acceptable)
11880 Bird Rd #411
City miami FL Zip Code 33175

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]

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, 2001 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 D ☒ Delete
NAME ~~OLASCOAGA, ISABEL~~
STREET ADDRESS ~~7002 NW 9RD STREET~~
CITY-ST-ZIP ~~MIAMI FL~~

TITLE Valerio Toyos, M.D. ☒ Change ☐ Addition
NAME
STREET ADDRESS 11880 Bird Rd #411
CITY-ST-ZIP miami, FL. 33175

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

305.220.6799

Daytime Phone #

CR2E034 (10/00)