From : HOZ&CO PHONE No. : 305 889 29

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
05-16-2001 90265 028 ***158.75

DOCUMENT # P97000056463

1. Entity Name
MAVIC MEDICAL SERVICES CORP.

Principal Place of Business	Mailing Address
6981 SW 9 ST PEMBROKE PINES, FL 33023	6981 SW 9 ST PEMBROKE PINES, FL 33023

00001373

2. Principal Place of Business		3. Mailing Address	
6981 SW 9 ST		6981 SW 9 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: PEMBROKE PINES, FL		City & State: PEMBROKE PINES, FL	
Zip: 33023	Country: USA	Zip: 33023	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0764075 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VICTOR RAMALLO
6981 SW 9 ST
PEMBROKE PINES, FL 33023

7. Name and Address of New Registered Agent

Name: VICTOR RAMALLO
Street Address (P.O. Box Number is Not Acceptable): 6981 SW 9 ST
City: PEMBROKE PINES FL Zip Code: 33023

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, 2001 Fee will be $550.00
Make Checks 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	DIRECTOR	☐ Delete	TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	VICTOR RAMALLO		NAME	VICTOR RAMALLO	
STREET ADDRESS	6981 SW 9 ST		STREET ADDRESS	6981 SW 9 ST	
CITY-ST-ZIP	PEMBROKE PINES, FL 33023		CITY-ST-ZIP	PEMBROKE PINES, FL 33023	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: ____________________ 4-30-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #