2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 11, 2002 8:00 am Secretary of State 03-06-2002 90078 018 ***150.00

1. Entity Nam	MENT # P9700(NANDEZ M.DKELLY MEDIC		IC		2002 90078 018 **		
Principal Place of Business 29613 SW 162ND AVE HOMESTEAD FL 33033-3328 8		Mailing Address 29613 SW 162ND AVE HOMESTEAD FL 33033-3328 8 3. Mailing Address Suite, Apt. #, etc.			TENK 2011 DESK 10KO 1860 HAI		
2. Principal Place of Business				DO NOT WRITE IN THIS SPACE			
Suite, Apt. #, etc.							
City & State		City & State		4. FEI Number 65-0779365		Applied Not App	
Zip Country		Zip Country		 		Additiona	
	6. Name and Address of Current Re	egistered Agent		7. Name and Address of			
CEONAND	CTP SEALURE F		Name			د. عد .سيد. 	
	IEZ; MANUEL F		Street Addre	ss (P.O. Box Number is Not Acco	ptable)		
29613 SW 162ND AVE HOMESTEAD FL 33033-3328							
HUMESTEAU PL 3303373326			City	City FL Zip Code			
8. The above	named entity submits this statement for t	he purpose of charging its re	egistered office or regi	stered agent, or both, in the State	of Florida,		
	DD111111				02 20 0	•	ł
SIGNATURE	Signature, hypod or printed name of registered against the	Title if applicable. NOTE:	Seelstand Apply alegation rate	aired when reinstaling)	02-20-03		!
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Tax filing r (See criter	pration is eligible to satisfy its Intangible	FILE NOW!!! After May 1, 2002 Make Check Payable	FEE IS \$150.00 Fee will be \$550.0	10. Election Campa	ribution.	dded to Fe	903
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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:

THE POR MAN OF MAN OF SIGNING OFFICER OR DIRECTOR

03-29-2002

(305) 441-64641 Dayline Phone #