2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

DOCUMENT # **P97000079128** Apr 12, 2000 8:00 am Secretary of State EILEEN M. RAMSARAN, M.D., P.A. 04-12-2000 90066 043 ***150.00 Principal Place of Business Mailing Address 1233 NE 89TH STREET 1233 NE 89TH STREET MIAMI FL 33138 MIAMI FL 33138-3478 1.00000002. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3467903 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RAMSARAN, EILEEN M Street Address (P.O. Box Number is Not Acceptable) 1233 NE 89TH STREET **MIAMI FL 33138** Zip Code 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. **PSTD** Change ☐ Addition □ Delete TITLE TITLE RAMSARAN, EILEEN M NAME NAME STREET ADDRESS 1233 NE 89TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33138 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE RAMSARAN, EILEEN M NAME STREET ADDRESS 1233 NE 89TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33138** Change ☐ Addition TITLE Deletę TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE 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

59-9927CK