


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**  
05-05-2003 90193 015 \*\*\*150.00

0297359 AV

**DOCUMENT # P97000086778**

1. Entity Name  
**INHOUSE MEDICAL SERVICES, INC.**



Principal Place of Business  
**11880 BIRD RD  
SUITE 207  
MIAMI FL 33175  
US**

Mailing Address  
**11880 BIRD RD  
SUITE 207  
MIAMI FL 33175  
US**

2. Principal Place of Business  
**11880 Bird Road**

Suite, Apt. #, etc.  
**SUITE 405**

City & State  
**MIAMI, FL**

Zip  
**33175**

Country  
**DADE**

3. Mailing Address  
**11880 Bird Road**

Suite, Apt. #, etc.  
**SUITE 405**

City & State  
**MIAMI, FL**

Zip  
**33175**

Country  
**DADE**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0808679**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**CABRERA, FRANCISCO MD  
11880 BIRD RD  
SUITE 207 405  
MIAMI FL 33175**

7. Name and Address of New Registered Agent

Name

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

City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

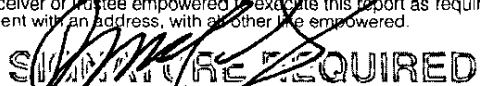
DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD CABRERA, FRANCISCO 11880 BIRD RD., STE 207 405 MIAMI FL 33175</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another line empowered.

**SIGNATURE:**  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-25-03** Daytime Phone # **(305) 229-3848**

CR2E034 (10/02)