

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

06-29-2001 90005 027 ***158.75
 07-31-2001 90232 009 ***391.25

DOCUMENT # P97000095434

1. Entity Name
AMERICAN MED-CARD, INC.

Principal Place of Business Mailing Address
 290 N.W. 165TH CT. 290 N.W. 165TH CT.
 M-188 500 M-188 500
 NORTH MIAMI BEACH FL 33169 NORTH MIAMI BEACH FL 33169

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 **65-0793711** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ESHESIMUA, GODWIN W
1551 LA COSTA DR E
PEMBROOK PINES FL 33027

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE	D	<input type="checkbox"/> Delete
NAME	PADILLA, SEGUNDO R	
STREET ADDRESS	18310 N.W. 68TH AVENUE, #5H	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	CD	<input type="checkbox"/> Delete
NAME	ESHESIMUA, GODWIN W	
STREET ADDRESS	1551 LA COSTA DR E.	
CITY-ST-ZIP	PEMBROOKE PINES FL 33027	
TITLE	D	<input type="checkbox"/> Delete
NAME	ESHESIMUA, EDWIN O	
STREET ADDRESS	1551 LA COSTA DR E.	
CITY-ST-ZIP	PEMBROOKE PINES FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/01 305-947-6074
 Daytime Phone #

0052305 AV

CR2E034 (5/01)