

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

05-27-2003 90177 012 \*\*\*158.75

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000095434

1. Entity Name

American Med-Card, Inc

80122355

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3114 Commerce Parkway

3. Mailing Address  
1551 Lacosta Drive East

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Miramar, FL

City & State  
Pembroke Pines, FL

4. FEI Number  
65-0793711

Applied For  
Not Applicable

Zip  
33025

Country  
USA

Zip  
33027

Country  
USA

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Godwin Eshesimua

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

1551 Lacosta Drive East

City  
Pembroke Pines

FL Zip Code  
33025

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 ☒ Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-electing)

23-May-2003

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	Segundo R. Padilla	3784 Mykonos Ct.	Boca Raton, FL 33487				
	Godwin W. Eshesimua	1551 Lacosta Drive East	Pembroke Pines, FL 33027				
	Ediwn-O. Eshesimua	1551 Lacosta Drive East	Pembroke Pines, FL 33027				

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other live and empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23-May-2003 954-432-9833

Date

DeVine Phone #

CR2E034B (12/02)