

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000105056

1. Entity Name

PRECISION CARE MANAGEMENT, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90090 001 ***158.75

Principal Place of Business

Mailing Address

4487 NW 36 36ST
MIAMI SPRINGS FL 33166

4487 NW 36 36ST
MIAMI SPRINGS FL 33166

2. Principal Place of Business

7911 NW 72ND AVE.

3. Mailing Address

Suite, Apt. #, etc.

107

Suite, Apt. #, etc.

City & State

MEDLEY

City & State

4. FEI Number

65-0803968

Applied For

Not Applicable

Zip

33166

Country

MIAMI - DADE

Zip

Country

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, CLARA M

4487 NW 36 36ST
MIAMI SPRINGS FL 33166

Name

CLARA M. PEREZ

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

7911 NW 72ND AVE

Suite 107

City

MEDLEY

FL

Zip Code

33166

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

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FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CEO
PEREZ, CLARA M
1801 SW 133 TERR
MIRAMAR FL 33027

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20/00

(305)882-7046