2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000010242

1. Entity Name

MEDICAL SUPPORT SYSTEMS OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
7975 WEST 25TH AVENUE	4562 S W 127 CT
BAY 5	MIAMI FL 33175
HIALEAH FL 33016	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *7877 NW 56 St*	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc. *SAME*	
City & State *Miami, Fl*	City & State *SAME*	**4.** FEI Number **65-0809388** ☐ Applied For ☐ Not Applicable
Zip *33166* Country *Dade*	Zip Country	**5.** Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LUIS, CARLOS L 4562 S W 127 CT MIAMI FL 33175	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 _____

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) ☐	**FILE NOW!!! FEE IS $150.00** **After May 1, 2002 Fee will be $550.00** **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		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	**PS** **LUIS, CARLOS L** **7975 W 25 AVE #5** **HIALEAH FL 33016**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*PS* *Luis, Carlos L.* *4562 SW 127 Ct* *Miami, Fl 33175*	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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: _____   *3/5/02*   *592 0900*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #