

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90013 019 ***150.00

DOCUMENT # P98000027834

1. Entity Name

COMPLETE MEDICAL CARE CENTER, INC.

Principal Place of Business 1350 EAST 4TH AVE HIALEAH FL 33010	Mailing Address 1350 EAST 4TH AVE HIALEAH FL 33010-3526
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2. Principal Place of Business 42 N.W. 27TH AVE.	3. Mailing Address 42 N.W. 27TH AVE.
Suite, Apt. #, etc. SUITE 301	Suite, Apt. #, etc. SUITE 301

City & State MIAMI, FL	City & State MIAMI, FL	4. FEI Number 65-0858354	Applied For <input type="checkbox"/> Not Applicable
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Zip 33125	Country USA	Zip 33125	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GUILARTE, CLARA
1350 EAST 4TH AVE
HIALEAH FL 33010

7. Name and Address of New Registered Agent

Name CLARA GUILARTE
Street Address (P.O. Box Number is Not Acceptable) 42 N.W. 27TH AVE.
SUITE 301
City MIAMI
State FL
Zip Code 33125

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 *Clara Guilarte* **5/1/2000**
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUILARTE, CLARA 1350 EAST 4TH AVE HIALEAH FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 42 N.W. 27TH AVE. #301 MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Clara Guilarte* **CLARA GUILARTE** **5/1/2000** **(305)443-8500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #