

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000038380

1. Entity Name  
MEDCORP HEALTH SYSTEMS, INC.

Principal Place of Business  
2301 S.W. 9TH STREET  
MIAMI FL 33135

Mailing Address  
2301 S.W. 9TH STREET  
MIAMI FL 33135

2. Principal Place of Business  
590 West 20 st

3. Mailing Address  
590 West 20 st

Suite, Apt. #, etc.  
#100

Suite, Apt. #, etc.  
#100

City & State  
Hialeah, FL

City & State  
Hialeah, FL

Zip  
33010

Zip  
33010

4. FEI Number 65-0833176

Applied For  
Not Applicable

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

GIRALDEZ, PATRIA  
2301 S.W. 9TH STREET  
MIAMI FL 33135

Name Giraldez Angel F.  
Street Address (P.O. Box Number is Not Acceptable)  
590 West 20 st  
Suite #100  
City Hialeah FL Zip Code 33010

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 *Angel Gualdel* President DATE 07/9/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GIRALDEZ, PATRIA	
STREET ADDRESS	2301 S.W. 9TH STREET	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	Giraldez Angel F.	<input type="checkbox"/> Delete
NAME	President & C.E.O	
STREET ADDRESS	590 w. 20 st, Suite # 100	
CITY-ST-ZIP	Hialeah, FL 33010	
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		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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:

*Angel Gualdel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/09/01 (305) 883-7676  
Date Daytime Phone #

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

08-31-2001 90001 027 \*\*\*558.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)