

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90463 005 \*\*\*150.00

**DOCUMENT # P98000039779**

1. Entity Name  
**M.T.L. MEDICAL GROUP, INC.**

Principal Place of Business

**1840 W 49 STREET  
 STE 420  
 HIALEAH FL 33012**

Mailing Address

**1840 W 49 STREET  
 STE 420  
 HIALEAH FL 33012**

2. Principal Place of Business

**S300 NW 77 CT**

3. Mailing Address

**S300 NW 77 CT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

4. FEI Number

**65-0833317**

Applied For

Not Applicable

Zip

**33166**

Country

**USA**

Zip

**33166**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**MOREJON, TANYA J  
 1840 W 49 STREET  
 STE 420  
 HIALEAH FL 33012**

7. Name and Address of New Registered Agent

Name

**GUILLEN, TANYA J.**

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

**S300 NW 77 CT**

City

**MIAMI**

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

*Tanya J. Guillen*

(NOTE: Registered Agent signature required when reinstating)

DATE

**04/26/02**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MOREJON, TANYA J 1840 W 49 ST, STE 420 HIALEAH FL 33012</b> <input checked="" type="checkbox"/> Delete <b>X</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

**D  
GUILLEN, TANYA J.  
S300 NW 77 CT  
MIAMI, FL 33166**

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 another like empowered.

SIGNATURE:

*Tanya J. Guillen*

Date

Daytime Phone #

**04/26/02 305-825-9697**

CR2E034 (9/01)