

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90236 049 ***150.00

DOCUMENT # P98000043089

1. Entity Name
SEARCH MEDICAL SERVICES CORP.



Principal Place of Business
3421 SW 107TH AVENUE
~~SUITE E102~~ **REMOVE SUITE #**
MIAMI FL 33165

Mailing Address
3421 SW 107TH AVENUE
~~SUITE E102~~
MIAMI FL 33165

10025202



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0081718** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GUERRERO, CARLA
100 NW 87TH AVENUE
SUITE E102
MIAMI FL 33172

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GUERRERO, CARLA 1608 SW 143RD PLACE MIAMI FL 33175	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUERRERO, CESAR A 1608 SW 143RD PL MIAMI FL 33175	<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

11. 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 type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

CPRE034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED* **A. GUERRERO** 1/13/03 305-559-6697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

10025202
#98000413089

LR220, INT INTEGRA BUS. FORMS & SYS., 305-717-3397 490860-10-01

PAY TO THE ORDER OF Florida Department of Revenue

One Hundred Fifty and 00/100

Florida Department of Revenue

MEMO FEIN 65-0081718

110063401106601139215 010414695605

SEARCH MEDICAL SERVICES
3421 SW 107TH AVENUE
MIAMI, FL 33165

OCEAN BANK
8700 W. FLAGLER STREET
MIAMI, FLORIDA 33174

6340

63-1139/660

4/13/2003

\$ **150.00

DOLLARS

THE FACE OF THIS DOCUMENT HAS A GOLDEN BACKGROUND ON WHITE PAPER

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

Handwritten: *10025202*, *#98000413089*, *One Hundred Fifty and 00/100*, *6340*, *4/13/2003*, *\$ **150.00*