

02-03

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY 16 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # *P98000052631*

1. Entity Name

*OCCUMED - OCCUPATIONAL
MEDICINE SPECIALISTS, INC*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10 NW LE JEUNE RD

3. Mailing Address

10 NW LE JEUNE RD

Suite, Apt. #, etc.

501

Suite, Apt. #, etc.

501

DO NOT WRITE IN THIS SPACE

City & State
*MIAMI FL*City & State
MIAMI FL

4. FEI Number

Applied For
Not ApplicableZip
33126

Country

Zip
33126

Country

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

7. Name and Address of Current Registered Agent

Name *ALVARO OCAMPO MD*Street Address (P.O. Box Number is Not Acceptable)
*5961 SW 81 ST*City *MIAMI*State *FL* Zip *33143*

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

Signature, typed, printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4.30.3

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. PRESIDENT OFFICERS AND DIRECTORS

TITLE	<i>PRESIDENT</i>
NAME	<i>ALVARO J. OCAMPO MD</i>
STREET ADDRESS	<i>5961 SW 81 ST</i>
CITY-ST-ZIP	<i>MIAMI FL 33143</i>

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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 on an attachment with an address, with another person empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.30.3

1 (786) 412 2156

m 5/21

CR2034B (12/02)

ATTACHMENT

P98000052631

OCCUMED OCCUPATIONAL MEDICINE SPECIALISTS INC.

10 NW LEJEUNE RD 501 MIAMI FL 33126

PH 786 412-2156

UNIFORM BUSINESS REPORT

DIVISION OF CORPORATIONS

PO BOX 1500

TALAHASSEE FL 32302-1500

TO WHOM IT MAY CONCERN :

This is to certify that I did not received the UBR forms from previous dates,

Enclosing with this letter is a check for \$ 300,00 dollars as I was instructed by
one of your support agents.

Please note the change of address:

OCCUMED OCCUPATIONAL MEDICINE SPECIALISTS INC

10 NW LE JEUNE RD 501

MIAMI FL 33126

DAY TIME TELEPHONE 786 412-2156

Thank you for your help


Alvaro Ocampo MD