

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90012 047 ***150.00

DOCUMENT # P98000066156

1. Entity Name

QUALITY CARE MEDICAL CENTER, INC.

Principal Place of Business

3383 NW 7TH ST
#102
MIAMI FL 33125

Mailing Address

3383 NW 7TH ST
#102
MIAMI FL 33125

2. Principal Place of Business

3383 N.W. 7th #102

3. Mailing Address

3383 N.W. 7th #102

Suite, Apt. #, etc.

MIAMI FL

Suite, Apt. #, etc.

MIAMI FL

City & State

33125

City & State

33125

Zip

Country

Zip

Country

4. FEI Number

65-0854522

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PUENTE, EDUARDO
3213 S.W. 26TH STREET
MIAMI FL 33133

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.

SIGNATURE

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) ☐

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 NAME STREET ADDRESS CITY-ST-ZIP	VD VALES, MARTHA 3213 S.W. 26TH STREET MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PUENTE, EDUARDO 3213 S.W. 26TH STREET MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAURY, VIVIAN 3213 S.W. 26TH ST MIAMI FL 33133	<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 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eduardo Puente
Eduardo Puente

4/20/01 (305) 541-7888

Date

Daytime Phone #

CR2E034 (10/00)