Mailing Address

SUITE #108

15175 EAGLE NEST LN.

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)** P98000082130 DOCUMENT # 1. Entity Name PRO-MED MANAGEMENT OF SOUTH FLORIDA, INC.

Principal Place of Business

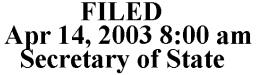
FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

15175 EAGLE NEST LN.

SUITE #108



04-14-2003 90770 011 ***150.00

ONGTAGA

| Miami Lakes fl 33014 Us | | MIAMI LAKES FL 3: US | 3014 | | | | | |
|--|--|----------------------------------|---|---|---|-------------------------------------|--|--|
| 2. Principal Place | of Business | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | CHECK HERE | CHECK HERE IF MAKING CHANGES | | | |
| City & State | | City & State | | 4. FEI Number CE COCEECO | 4. FEI Number 65-0865563 Applied For Not Applicable | | | |
| | | | | 00-0000000 | | | | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired | | 3.75 Additional e Required _ | | |
| | 5. Name and Address of Cu | rrent Registered Agent | 7. Name and Address of New Registered Agent | | | | | |
| DE LA HOZ, GRACE 15175 EAGLE NEST LN. SUITE #108 | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | |
| MIAMI LAKES | FL 33014 | | City | City FL Zip Code | | | | |
| the obligations | ned entity submits this staten of registered agent. | nent for the purpose of chang | ging its registered office | or registered agent, or both, in the State of Flo | rida. I am fan | niliar with, and accept | | |
| SIGNATURE | ature, typed or printed name of registere | d agent and title if applicable. | (NOTE: Registered Agent sig | nature required when reinstating) | DATE | | | |
| | | | | <u>-</u> | | | | |

9. Election Campaign Financing

Trust Fund Contribution.

| 10. OFFICERS AND DIRECTORS | | | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR | DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|--|--|----------|---------------------------------------|--|---|--|--|
| NAME STREET ADDRESS | PD SERENO, CARIDAD 15175 EAGLE NEST LN, STE. 108 MIAMI LAKES FL 33014 | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change | Addition | | |
| STREET ADDRESS | VPTD DE LA HOZ, GRACIELA 15175 EAGLE NEST LN. STE. 108 MIAMI LAKES FL 33014 | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change | Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change | ☐ Addition | | |
| TITLE NAME STREET ADDRESS CITY,ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change | Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change | ☐ Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change | Addition | | |

12. Thereby 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 trudies empowered to execute his 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

SIGNATURE:

\$5.00 May Be

Added to Fees