

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90021 029 ***150.00

DOCUMENT # P98000093685
 1. Entity Name
V.G. MEDICAL SERVICES, INC.

Principal Place of Business 12360 SW 132 CT., SUITE 210 MIAMI FL 33186	Mailing Address 12360 SW 132 CT., SUITE 210 MIAMI FL 33186-6463
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number 65-0873366	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VELASCO, JUAN C
12360 SW 132 CT., SUITE 210
MIAMI FL 33186

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 _____ (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, 2000 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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD VELASCO, JUAN C 10905 N KENDALL DRIVE, #309 MIAMI FL 33176	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GARCIA, RAMON 10905 N KENDALL DRIVE, #309 MIAMI FL 33176	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLIVARES, SONIA 18652 N.W. 67 AVENUE MIAMI FL 33015	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 Required** **01-27-00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)