

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 NOV 19 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000094846

1. Entity Name

Healthchoice Medical Group, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

207 N. Krome Ave.

Suite, Apt. #, etc.

3. Mailing Address

207 N. Krome Ave.

Suite, Apt. #, etc.

200024863382

11/19/03--01063--022 **150.00

DO NOT WRITE IN THIS SPACE

City & State

Homestead, FL

City & State

Homestead, FL

4. FEI Number

65-0875085

Applied For

Not Applicable

Zip

33030

Country

USA

Zip

33030

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name Reynaldo Perez

Street Address (P.O. Box Number is Not Acceptable)

201 N. Krome Ave.

City

Homestead

FL

Zip Code

33030

**DO NOT WRITE
IN THIS SPACE**

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

X [Signature]

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

(NOTE: Registered Agent signature required when reinstating)

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. OFFICERS AND DIRECTORS

REINSTATEMENT 03

TITLE President
NAME Reynaldo Perez
STREET ADDRESS 207 N. Krome Ave.
CITY-ST-ZIP Homestead, FL 33030

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IN THIS SPACE**

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 all other like empowered.

SIGNATURE:

X [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)



3785 NW 82 Avenue • Suite 417 • Miami, FL 33166
Tel: 305.477.1988 • Fax: 305.477.1688

LESTER BARRERAS C.P.A., P.A.

November 10, 2003

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

**Re: Healthchoice Medical Group, Inc.
EIN 65-0875085**

Dear Sir or Madam,

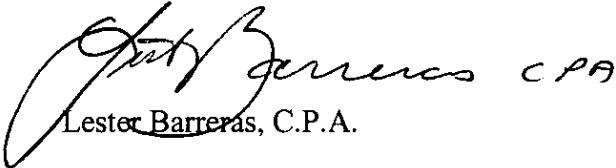
We are the accountants for Dr. Reynaldo Perez, owner and registered agent of the above referenced corporation. As such, we have been requested to write to you on his behalf.

Dr. Perez never received the 2003 Uniform Business Report for the above referenced corporation. Upon calling the Division of Corporations, we were advised to download the Uniform Business Report form from the Sunbiz website, and submit it with the annual fee. Enclosed is the form along with payment.

Please make the necessary correction to your records in order to reflect an active status for the above referenced corporation. Thank you in advance for your attention to this matter. Should you have any questions, please feel free to contact me at your earliest convenience.

Sincerely,

LESTER BARRERAS, C.P.A., P.A.



Lester Barreras, C.P.A.

LB/cmc
Enclosures