

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000097395

FILED  
Aug 26, 2003  
Secretary of State

Entity Name: TOTAL HEALTH MANAGEMENT SERVICES, INC.

## Current Principal Place of Business:

3601 FEDERAL HIGHWAY  
EXECUTIVE SUITE, 6TH FLOOR  
MIAMI, FL 33137

## New Principal Place of Business:

## Current Mailing Address:

3601 FEDERAL HIGHWAY  
EXECUTIVE SUITE, 6TH FLOOR  
MIAMI, FL 33137

## New Mailing Address:

3601 FEDERAL HIGHWAY  
ATTN: FELIX VILLAMIL-COMPTROLLER  
MIAMI, FL 33137

FEI Number: 65-0862896

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DUARTE, JORGE A ESQ  
5975 SUNSET DRIVE  
601  
SOUTH MIAMI, FL 33143 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: VELEZ, PAUL C  
Address: 3601 FEDERAL HWY.  
City-St-Zip: MIAMI, FL

Title: VP ( ) Delete  
Name: RIVERA, GAMALIEL C  
Address: 1172 NW 133RD COURT  
City-St-Zip: MIAMI, FL 33182

Title: T ( ) Delete  
Name: DUARTE, JORGE  
Address: 5975 SUNSET DR., #601  
City-St-Zip: S. MIAMI, FL

Title: S ( ) Delete  
Name: VELEZ, AUREA  
Address: 19703 E CYPRESS CT  
City-St-Zip: MIAMI, FL 33015

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: DUARTE, JORGE  
Address: 5975 SUNSET DR., #601  
City-St-Zip: S. MIAMI, FL 33143

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL C. VELEZ

P

08/26/2003

Electronic Signature of Signing Officer or Director

Date