

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

**FILED**  
**Jul 23, 2004 8:00 am**  
**Secretary of State**

07-23-2004 90005 034 \*\*\*150.00

DOCUMENT # P98000101984

1. Entity Name

Pharmovisa Managed Care Corp



**DO NOT WRITE IN THIS SPACE**

44049517

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8465 SW 76 Terrace

Suite, Apt. #, etc.

3. Mailing Address

8360 W. Flagler

Suite, Apt. #, etc.

206

City & State

Miami, FL

City & State

MIAMI, FL

4. FEI Number

65-0881157

Applied For

Not Applicable

Zip

33143

Country

US.

Zip

33144

Country

US

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Morales, Jose C.

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

8465 SW 76 Terrace

City

Miami

FL

Zip Code

33143

**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

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

TITLE PD  
NAME Morales, Jose C.  
STREET ADDRESS 8465 SW 76 Terrace  
CITY-ST-ZIP Miami, FL 33143

TITLE VPD  
NAME Morales, Rosy L.  
STREET ADDRESS 8465 SW 76 Terrace  
CITY-ST-ZIP Miami, FL 33143

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/23/04

Date

Daytime Phone #

CR2E034B (12/02)

*Attachment*  
*44049517*

**MANNY G. SOTO, C.P.A., P.A.**

CERTIFIED PUBLIC ACCOUNTANT  
FORMER IRS AGENT

MEMBER, AMERICAN INSTITUTE CPAs, CACPA's, NSA

8360 W. Flagler Street., Suite 206  
Miami, FL 33144  
Ph: 305-225-1592  
Ph: 305-225-1492  
Fax: 305-225-8502

*CPA*

July 16, 2004

Florida Dept of State  
Division of Corporations

Dear Florida Dept of State:

This letter is being written in response to your notice of intent to dissolve Pharmovisa Managed Care Corp. P98000101984 EIN: 65-0881157 for the year 2004 the mailing address was 8465 SW 76 Terrace, Miami, FL 33143.

The taxpayer became aware of this as a result of having received this notice. He never received the original UBR for 2004, and as a result he did not file it on time.

We are asking for a waiver of the additional \$400.00 fee since the taxpayer did not receive the original notice to file UBR for 2004.

We are enclosing the UBR for 2004 along with a check for \$150.00

Sincerely,

*MGSoto CPA*

Manny G. Soto CPA