

2006 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90401 012 ***150.00

DOCUMENT # P98000101984
1. Entity Name
PHARMOVISA MANAGED CARE, Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8465 SW 76 TERRACE Suite, Apt. #, etc.	3. Mailing Address 8360 WEST FLAGLER STREET Suite, Apt. #, etc. 206
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DO NOT WRITE IN THIS SPACE

City & State MIAMI, FL	City & State MIAMI, FL
Zip 33143	Country USA

4. FEI Number 65-0881157	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JOSE C. MORALES
Street Address (P.O. Box Number is Not Acceptable) 8465 SW 76 TERRACE
City MIAMI
FL
Zip Code 33143

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORALES, JOSE C 8465 SW 76 TERRACE MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORALES, ROSA L 8465 SW 76 TERRACE MIAMI, FL 33143
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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:

 **JOSE C MORALES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/26/06