## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P99000016774 DOCUMENT #

1. Entity Name

WORKER'S MEDICAL CENTER, INC.



Apr 03, 2003 8:00 am Secretary of State **FILED** 

04-03-2003 90164 023 \*\*\*150.00

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Suries, April # reto.   Suite, April #, etc.   GHECK HERE IF MAKING CHANGES	Principal Place 445 NORTH KI HOMESTEAD I	ROME AVENUE	Mailing Address 445 NORTH KROME AVENUE HOMESTEAD FL 33033							
City & State    City & State   City & State   City & State   A. FEI Number   65-0895/2.1	2. Principal Place of Business		3. Mailing Address	3. Mailing Address			.EB 19111 WALLA BALLA GALLA GALLA	i Mara Biril 18811	FEEDIN ON ON HERE	
ZP Coultry? ZP Country 5. Certificate of State Desired   \$8.75. Additional Feb Required   \$8.75. Ad	Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
B. Name and Address of Durrent Registered Agent  8. Name and Address of Durrent Registered Agent  Name  Name  Name  Name  Name  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  City  City  City  City  City  City  FL  Zip Code  City	City & State		City & State		عرصه ديسترس	4. FEI Number 65	-0895721			
ARANA, ORLANDO A 445 NO KROME AVE HOMESTEAD FL 33033-6040  City FL Zip Code City FL Zip Cod	Zip	Country	Zip	Country		5. Certificate of Stat	tus Desired			
ARANA, ORANDE AVE HOMESTEAD FL 33033-6040  **The above named entily submits this statement for the purpose of changing lis registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the originators of registered agent.  **SIGNATURE**  **SIGNATURE		6. Name and Address of Curren	nt Registered Agent							
A45 NO KROME AVE HOMESTEAD FL 33033-6040  City  FL  Zip Code  City  City  FL  Zip Code  City  Added to Fees  Steel Added to Fees  FL  Added to Fees  FL  Added to Fees  Titl  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  City Si - Zip  Added to Fees  City Si - Zip  Added to Fees  City Si - Zip  City Si - Zip  Added to Fees  City Si - Zip  City Si - Zip  Added to Fees  City Si - Zip  City Si - Zip  Added to Fees  City Si - Zip  A	ΔΡΔΝΔ Ω	RI ANDO A		r	Name ,					
HOMESTEAD FL 33033-6040   City   FL   Zip Code				[3	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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2002 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILE  MAKE STREET ARRESS  OITY-ST-ZIP  FILE  ORASS OITY-ST-ZIP  FILE  OR										
SIGNATURE    FILE NOW!!!   FEE IS \$150.00   After May 1, 2003 Fee with the \$550.00   Make Check Payable to Floridad Department of State	<u> </u>				City		F	Zip Cod	de	
TILE   NOW!!  FEE IS \$150.00   NATE   NAME	the obligati		for the purpose of changing its	s registered o	office or register	ed agent, or both, in th	ne State of Florida. I arr	n familiar with,	and accept	
After May 1, 2003 Fee will be \$550,00 May Be Make Check Payable to Florida Department of State  10.	SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	TE: Registered Ag	ent signature required	when reinstating)	DATE			
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**