

FILED
Jul 19, 2001 8:00 am
Secretary of State

05-17-2001 91078 048 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035167

1. Entity Name
MEDCLAIM ADVOCATES, INC.

Principal Place of Business

3138 CENTER STREET
MIAMI FL 33133

Mailing Address

3138 CENTER STREET
MIAMI FL 33133

2. Principal Place of Business

6421 N Berkeley
Suite, Apt. #, etc.

3. Mailing Address

6421 N Berkeley
Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number 65-0912041

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, GAYLE E
2025 BRICKELL AVE
MIAMI FL 33129

7. Name and Address of New Registered Agent

Name: Gayle E Miller
Street Address (P.O. Box Number is Not Acceptable): 1300 St Charles Pl # 617
City: Pembroke Pines FL Zip Code: 33026

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	V	NAME	ANGOOD, JUDITH L	STREET ADDRESS	3138 CENTER ST	CITY-ST-ZIP	MIAMI FL 33133	<input checked="" type="checkbox"/> Delete
TITLE	P	NAME	MILLER, GAYLE	STREET ADDRESS	3138 CENTER ST	CITY-ST-ZIP	MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS	6421 N Berkeley	CITY-ST-ZIP	Miami, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS	1300 St Charles	CITY-ST-ZIP	Pembroke Pines FL 33026	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with another I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres 4/27/01

4142470277

CR2034 (10/00)

Attachment
Doc# P99000035167
76678



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 20, 2001

MEDCLAIM ADVOCATES, INC.
1300 ST. CHARLES PLACE
#617
PEMBROKE PINES, FL 33026

Subject: MEDCLAIM ADVOCATES, INC.

Reference Number: **P99000035167**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The registered agent must have a **Florida** street address.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/SG
ANNUAL REPORTS SECTION