

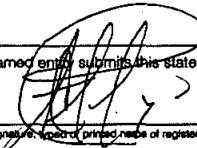
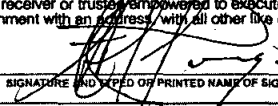
# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90346 026 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT #</b> P99000051574                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                           |                                                                                                               |                                                                   |
| 1. Entity Name<br>ULTIMATE CARE CLINIC, INC.<br>4100 Westflagler St. B-2<br>MIAMI, Florida 33134                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                           |                                                                                                               |                                                                   |
| Principal Place of Business<br>4100 Westflagler St.<br>Miami, Florida                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                           | Mailing Address                                                                                               |                                                                   |
| 2. Principal Place of Business<br>4100 Westflagler St.<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                           | 3. Mailing Address<br>Same<br>Suite, Apt. #, etc.                                                             |                                                                   |
| City & State<br>Miami, Florida                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                           | City & State                                                                                                  |                                                                   |
| Zip<br>33134                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Country<br>USA                                                                                            | Zip                                                                                                           | Country                                                           |
| 4. FEI Number<br>65-0925311                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                           | Applied For<br>Not Applicable                                                                                 |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                           | \$8.75 Additional Fee Required                                                                                |                                                                   |
| 6. Name and Address of Current Registered Agent<br>CARLOS A. SOTOLONGO<br>6104 S.W. 146th Ct<br>Miami, Florida 33183                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                           | 7. Name and Address of New Registered Agent                                                                   |                                                                   |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                           | Name                                                                                                          |                                                                   |
| Street Address (P.O. Box Number is Not Acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           | Street Address (P.O. Box Number is Not Acceptable)                                                            |                                                                   |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                           | 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                           |                                                                                                               |                                                                   |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                           | DATE                                                                                                          |                                                                   |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                           | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                                   |
| 11. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                           | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                         |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PRESIDENT<br>CARLOS A. SOTOLONGO<br>6104 S.W. 146th CT<br>MIAMI, FL 33183 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>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)(f), 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered. |                                                                                                           |                                                                                                               |                                                                   |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                           | 4/30/01 305 444-4100                                                                                          |                                                                   |
| SIGNATURE AND WORD OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           | Date Daytime Phone #                                                                                          |                                                                   |

CR2E034 (11/00)