2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000051574 **DOCUMENT #**

1. Entity Name

ULTIMATE CARE CLINIC, INC.



FILED Mar 03, 2003 8:00 am Secretary of State 03-03-2003 90467 003 ***150.00

Principal Place of Business 4100 WEST FLAGER ST MIAMI FL 33134

Mailing Address 4100 WEST FLAGER ST SUITE B-2

| MIAMI FL 33134 | | | | | | |
|---|---|--|--|---|-----------------------------------|--|
| , , , , , | Place of Business te Carl Al | 3. Mailing Address | ow Plagler | | | |
| Suite, Apt | | Suite, Apt. #, etc. | 3 w Fingles | CHECK HERE IF MAI | KING CHANGES | |
| City & Sta | te | City & State | i FL. | 4. FEI Number 65-0925311 | Applied For Not Applicable | |
| Zip | Country | 33134 | Country | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| | 6. Name and Address of Current | Registered Agent | | 7. Name and Address of New Registe | red Agent | |
| SOTOLO | NGO, CARLOS A | | Name | Name | | |
| 6104 S.W. 146TH CT. | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| MIAMI FL 33183 | | | | | | |
| | | AA | City | - | | |
| 0 The electric | \mathcal{A} | \mathcal{P} | | • | Zip Code | |
| 8. The above named entity submits this statement for title 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. | | | | | | |
| $\gamma = \gamma (1/4)$ | | | | | | |
| SIGNATURE . | Signature, typed or printed riams of registered agent | nd title if applicable. (NOTE: | Registered Agent signature requin | ed when reinstating) | ATE . | |
| . F | ILE NOW!!! FEE IS \$150.00 | / | |] | | |
| After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May B | | | | | | |
| Make Check | k Payable to Florida Department of | State | | Trust Fund Contribution. | L.J Added to Fees | |
| 10. | OFFICERS AND I | | 11, | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTORS IN 11 | |
| TITLE NAME | P SOTLONGO, CARLOS A | Delete | TITLE | | ☐ Change ☐ Addition | |
| | 6104 S.W. 146TH CT. | | NAME STREET ADDRESS | | ļ | |
| CITY-ST-ZIP | MIAMI FL 33183 | | CITY-ST-ZIP | - | | |
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| CITY-ST-ZIP | | | STREET ADDRESS → CITY-ST-ZIP | | | |
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| CITY-ST-ZIP | 4 | | CITY-ST-ZIP | | } | |
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| NAME Street address | | · | NAME | | | |
| CITY-ST-ZIP | | ri | STREET ADDRESS CITE ST-ZIF | | | |
| of the corp | ertify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empow or on an attachment with an address, wi | rue and accurate and that in a | e edimption stated in Se signature stall have the | ection 119.07(3)(i), Florida Statutes. I further same legal effect as if made under oath; tha , Florida Statutes; and that my name appear | t Lam an officer or director | |

SIGNATURE:

SIGNATURE RE SIGNATURE AND TYPED OR PRINTED NAME OF SIG