

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000055308

1. Entity Name

HC MEDICAL SERVICES, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90007 018 ***150.00

Principal Place of Business

1140 NW 185TH TERRACE
PEMBROKE PINES FL 33029

Mailing Address

1140 NW 185TH TERRACE
PEMBROKE PINES FL 33029-3653

2. Principal Place of Business

1140 NW 185 Terr

3. Mailing Address

1140 NW 185 Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pmbk Pines

City & State

Pmbk Pines

4. FEI Number

65-0929290

Applied For

Not Applicable

Zip

Country

33029 Broward

Zip

Country

33029 Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, RAFAEL E JR
9360 SUNSET DRIVE, SUITE 287
MIAMI FL 33173

Name

Harold Calle

Street Address (P.O. Box Number is Not Acceptable)

1140 NW 185 Terr

City

Pmbk Pines

FL

Zip Code

33029

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 reinstating)

DATE

4/27/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME CALLE, HAROLD
STREET ADDRESS 1140 NW 185TH TERRACE
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE S ☐ Change ☒ Addition
NAME Harold Calle
STREET ADDRESS 1140 NW 185 Terr
CITY-ST-ZIP Pmbk Pines FL 33029

TITLE S ☒ Delete
NAME CALDERON, PATRICIA
STREET ADDRESS 1140 NW 185TH TERRACE
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE Y ☐ Change ☒ Addition
NAME Harold Calle
STREET ADDRESS 1140 NW 185 Terr
CITY-ST-ZIP Pmbk Pines FL 33029

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Change ☒ Addition
NAME Harold Calle
STREET ADDRESS 1140 NW 185 Terr
CITY-ST-ZIP Pmbk Pines FL 33029

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

Harold Calle President

4/27/00 95A-442-9252

Date

Daytime Phone #

CR2E034 (9/99)