2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058812

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 26 PM 1:59

1. Entity Name
All-Med Management Systems, Inc.

Principal Place of Business	Mailing Address
~~2150 Le Jeune Rd~~	~~2150 Le Jeune RD.~~
~~Mezzanine~~	~~Mezzanine~~
~~Coral Gables, FL 33134~~	~~Coral Gables~~

[redacted]

2. Principal Place of Business	3. Mailing Address
14101 Commerce Way	14101 Commerce Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Lakes, FL	City & State: Miami Lakes, FL
Zip: 33016 Country: US	Zip: 33016 Country: US

DO NOT WRITE IN THIS SPACE
REINSTATEMENT

4. FEI Number ☑ Applied For ☐ Not Applicable

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
J. Everett Wilson	Name
2151 Le Jeune Rd	Street Address (P.O. Box Number is Not Acceptable)
Mezzanine	
Coral Gables, FL 33134	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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: ~~Pres~~ D NAME: Rodriguez, Raul STREET ADDRESS: ~~2170 W. 73 St~~ CITY-ST-ZIP: ~~Hialeah, FL 33016~~	☐ Delete	TITLE: D NAME: Rodriguez, Raul STREET ADDRESS: 14101 Commerce Way CITY-ST-ZIP: Miami Lakes, FL 33016	☒ Change ☐ Addition
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JB 11/7

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: Raul Rodriguez