

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 11, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # P99000062722****1. Entity Name**  
AM-PM HOUSE CALLS USA, INC.

<b>Principal Place of Business</b> 2501 SOUTH OCEAN DR. SUITE 1622  HOLLYWOOD FL 33019	<b>Mailing Address</b> 2501 SOUTH OCEAN DR. SUITE 1622  HOLLYWOOD FL 33019
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<b>2. Principal Place of Business</b> 2501 SOUTH OCEAN DR. SUITE 1629	<b>3. Mailing Address</b> 2501 SOUTH OCEAN DR. SUITE 1629
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> HOLLYWOOD FL	<b>City &amp; State</b> HOLLYWOOD FL
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**4. FEI Number**  
**65-0996114**

Applied For
Not Applicable

<b>Zip</b> 33019	<b>Country</b>	<b>Zip</b> 33019	<b>Country</b>
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**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**ST. LOUIS ROLAND RJR  
THE COLONNADE, STE 710  
2333 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134 USName  
MARTINEZ JUAN  
Street Address (P.O. Box Number is Not Acceptable)  
THE COLONNADE, STE 710  
2333 PONCE DE LEON BLVD.  
City  
CORAL GABLES FL Zip Code  
33134**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 JUAN MARTINEZ****09/11/2000**

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

(NOTE: Registered Agent signature required when reinstating)

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, 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**

<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete
<b>NAME</b>	SAFFOURI RAMSAY H
<b>STREET ADDRESS</b>	2501 SOUTH OCEAN DR. STE 1411
<b>CITY-ST-ZIP</b>	HOLLYWOOD FL 33019

<b>TITLE</b>	<b>DR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	SAFFOURI RAMSEY H
<b>STREET ADDRESS</b>	2501 SOUTH OCEAN DR. STE 1411
<b>CITY-ST-ZIP</b>	HOLLYWOOD FL 33019

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<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
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<b>CITY-ST-ZIP</b>	

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<b>CITY-ST-ZIP</b>	

**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** Ramsey Saffouri**Dr.** 09/11/2000

**DR. GHASSAN FAHEL, VICE PRESIDENT**  
**2501 SOUTH OCEAN DRIVE 1629**

**HOLLYWOOD, FLORIDA 33019**