CAPITAL CONNECTION 850 222 1222 04/23 '02 09:56 NO.404 01/01

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063097

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 15 PM 4:21

1. Entity Name
Palmetto Medical Services

DO NOT WRITE IN THIS SPACE

900023283509
09/23/03--01048--007 **550.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12230 SW 132 Ct	12230 SW 132 Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl	City & State: Miami, Fl
Zip: 33186 Country: USA	Zip: 33186 Country: USA

4. FEI Number — ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Victor Manuel Garcia

Street Address (P.O. Box Number is Not Acceptable): 12230 SW 132 Ct

City: Miami FL Zip Code: 33186

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: X

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandated) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PST	TITLE	
NAME	Victor Manuel Garcia	NAME	
STREET ADDRESS	12230 SW 132 Ct	STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl 33186	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	Leonel Gonzalez	NAME	
STREET ADDRESS	12230 SW 132 Ct	STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl 33186	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	DO NOT WRITE
TITLE		TITLE	
NAME		NAME	IN THIS SPACE
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #