

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000071754**

1. Entity Name

**OUTSOURCING MEDICAL SOLUTIONS, INC.****FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90007 007 \*\*\*150.00

Principal Place of Business      Mailing Address  
**80 SW 5TH STREET**      **PO BOX 010098**  
**STE 2250**      **MIAMI FL 33101-0098**  
**MIAMI FL 33130**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0941756</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
Zip	Country	Zip	Country			

**6. Name and Address of Current Registered Agent****MONTEAGUDO, ORLANDO J**  
**2022 N GREENWAY DRIVE**  
**CORAL GABLES FL 33134****7. Name and Address of New Registered Agent**

Name  
**MONTEAGUDO, ORLANDO J**  
Street Address (P.O. Box Number is Not Acceptable)  
**1304 LISBON STREET**  
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 \_\_\_\_\_ (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. ☐ **FILE NOW!!! FEE IS \$150.00**  
**AFTER MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>MONTEAGUDO, ORLANDO J</b> <b>2333 BRICKELL AVENUE UNIT A1</b> <b>MIAMI FL 33129-2495</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>MONTEAGUDO, ORLANDO J</b> <b>1304 LISBON STREET</b> <b>CORAL GABLES FL 33134</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVD</b> <b>ROSENBERG, ALAN</b> <b>2333 BRICKELL AVENUE UNIT A1</b> <b>MIAMI FL 33129-2495</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVD</b> <b>ROSENBERG, ALAN</b> <b>1304 LISBON STREET</b> <b>CORAL GABLES FL 33134</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 my address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ORLANDO MONTEAGUDO**

Date

**3/15/01**

Daytime Phone #

**(305) 539-3771**

CR2E034 (10/00)