## 2000 UNIFORM BUSINESS REPORT (UBR) 8/: FILED Aug 29, 2000 8:00 am Secretary of State DOCUMENT # **P99000079740** 1. Entity Name PROFESSIONAL HEALTH SERVICES OF MIAMI, INC. 08-14-2000 90001 041 \*\*\*150.00 Principal Place of Business Mailing Address 1900 W. 49 ST., STE, 332 1800 W. 49 ST., STE, 332 HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number Not Applicable Zip \_ Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BERENGUER, ROBERT Street Address (P.O. Box Number is Not Acceptable) 4390 MAHOGANY RIDGE DR. WESTON FL 33331 City 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 Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete ☐ Change TITLE PREGIOENI TITLE BERENGUE NAME NAME g De STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Dalete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE\_ ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-7IP ☐ Change ☐ Addition TITLE □ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TIFLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-7IP

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.

DITLE

NAME

STREET ADORESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

<u>SIGNATURE REQUIRED</u>

Delete

8/9/00

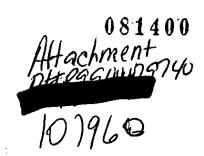
(305) 826-12-00

Change

☐ Addition

## **Professional Health Services**

of Miami, Inc. 1800 West 49 Street, Suite 332 Hialeah, FL 33012 Tel. (305) 826-1200



August 9, 2000

Florida Department of State Division of Corporations P.O.BOX 6327\_\_\_\_ Tallahassee, FL 32314

Dear Sirs:

Please, enclosed you will find a check in the amount of \$150.00 to cover my filing fee.

The reason that my payment is late is because I never received the 1st Notice. I am a relatively new business owner but I am sure I could not have missed such important document. Being new in the building where I rent this office, the postal workers have had trouble delivering the mail as efficiently as its expected and in several occasions I had to retrieve my mail from neighbors.

Sincerely.

President