

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90122 007 ***158.75

DOCUMENT # P99000081843

1. Entity Name

INPATIENT CARE, INC.

Principal Place of Business

**1978 N.W. 88TH COURT
 SUITE 201
 MIAMI FL 33172**

Mailing Address

**1978 N.W. 88TH COURT
 SUITE 201
 MIAMI FL 33172**

2. Principal Place of Business

1987 N.W. 88th COURT

3. Mailing Address

1987 N.W. 88th COURT

Suite/Apt. #, etc.

201

Suite/Apt. #, etc.

201

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0948190

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**TIRADO, ALEXANDER
 1978 N.W. 88TH COURT
 SUITE 201
 MIAMI FL 33172**

7. Name and Address of New Registered Agent

Name **TIRADO, ALEXANDER**
 Street Address (P.O. Box Number is Not Acceptable)
1987 N.W. 88th COURT
SUITE 201
 City **MIAMI, FL** Zip Code **33172**

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.

(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, 2002 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

TITLE	T	<input type="checkbox"/> Delete
NAME	TIRADO, ALEXANDER	
STREET ADDRESS	1978 N.W. 88TH COURT	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	MARTIN, MICHAEL J MD	
STREET ADDRESS	1978 N.W. 88TH COURT	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	P	<input type="checkbox"/> Delete
NAME	VILLANUEVA, TOMAS DO	
STREET ADDRESS	1978 N.W. 88TH COURT	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1987 N.W. 88th COURT	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1987 N.W. 88th COURT	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)