

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90020 030 ***150.00

DOCUMENT # P99000082507

1. Entity Name

Extra Medical Clinic Inc.



DO NOT WRITE IN THIS SPACE

94046971

2. Principal Place of Business

1163 SW 8 Street

3. Mailing Address

1163 SW 8 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0954319

Applied For

Not Applicable

Zip
33130

Country

Miami-Dade

Zip
33130

Country

Miami-Dade

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Perez, Mayra V**

Street Address (P.O. Box Number is Not Acceptable)

1163 SW 8 Street

City **Miami,**

FL

Zip Code
33130

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Perez, Mayra V

04/05/2004

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Perez, Mayra V
1163 SW 8 Street
Miami, FL 33130

TITLE
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CITY-ST-ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Perez, Mayra V

04/05/2004

Date

(305)285-6700

Daytime Phone #

CR2E034B (12/02)