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FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082507

1. Entity Name

Extra Medical Clinic Inc.

FILED

05 DEC -6 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/14/05 90118 033 150.00
DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business		3. Mailing Address	
717 Ponce De Leon Blvd		717 Ponce De Leon Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 205		Suite 205	
City & State		City & State	
Coral Gables , Fl		Coral Gables . Fl	
Zip	Country	Zip	Country
33134	Miami-Dade	33134	Miami-Dade

4. FEI Number 65-0954319 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name

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

717 Ponce De Leon Blvd Suite 205

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

SIGNATURE _____ DATE 03-10-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Fee: 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 / President 717 Ponce De Leon Blvd Suite 205 Coral Gables, Fl 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

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: _____ 03-10-05. 305. 44-52
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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EXTRA MEDICAL CLINIC, INC.
717 Ponce Deleon Blvd. Suite #205
Coral Gables, Fl. 33134
Ph: (305) 441-5722 Fax (305) 441-5724

November 30th, 2005

DEPARTMENT OF STATE
Secretary of State
Glenda E. Hood
Division of Corporations

Dear Glenda:

This is to inform you that we never received a Rejection Letter from your department advising us about the status of our Corporation.

In our previous letter we sent you copy of the Uniform Business Report filed on time, and the check paid by the bank to your department almost two (20) months before the deadline.

We think that we have complied with this requirement on time, reason by which, we are requesting as soon as you can to reinstate our corporation.

Thank you in advance for your consideration in this very important matter to me,

Cordially,

Mayra Perez
President/Owner.