

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

717 Ponce De Leon Blvd

Suite, Apt. #, etc.

Suite 205

City & State

Coral Gables, FL

Zip

33134

Country

Miami-Dade

3. Mailing Address

717 Ponce De Leon Blvd

Suite, Apt. #, etc.

Suite 205

City & State

Coral Gables, FL

Zip

33134

Country

Miami-Dade

4. FEI Number 65-0954319

Applied For

Not Applicable

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

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

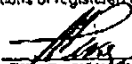
City Coral Gables

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



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

(NOTE: Registered Agent signature required when requesting)

DATE

03-10-05

Additional Fee: \$150.00

After May 1, 2004 Fee: \$550.00

Amended UBR Fee: \$67.25

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	Perez Mayra V / President
NAME	717 Ponce De Leon Blvd Suite 205
STREET ADDRESS	Coral Gables, FL 33134
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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

Date

Daytime Phone #

03-10-05. 305.44-5500

CR2E034B (12/02)

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.