

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082507

1. Entity Name
EXTRA MEDICAL CLINIC INC.



Principal Place of Business
1710 SW 27TH AVE.
MIAMI, FL 33145-5241

Mailing Address
1710 SW 27TH AVE.
MIAMI, FL 33145-5241

2. Principal Place of Business
1165 SW 8 STREET
Suite, Apt. #, etc.

3. Mailing Address
1165 SW 8 STREET
Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-0954319

Applied For
Not Applicable

Zip
33130

Country
USA

Zip
33130

Country
USA

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ALONSO, JUAN
1866 W. 60TH ST., #433
HIALEAH, FL 33012-8908

7. Name and Address of New Registered Agent

Name
PEREZ, MAYRA V.
Street Address (P.O. Box Number is Not Acceptable)
1165 SW 8 STREET
City
MIAMI, FL Zip Code
33130

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 **X** *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

03-13-03

DATE

FILE NOW!!! FEES \$160.00
After May 1, 2003 Fee will be \$550.00
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
P
ALONSO, JUAN
1710 SW 27TH AVE.
MIAMI, FL 33145 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
PEREZ, MAYRA V
1710 SW 27TH AVE.
MIAMI, FL 33145 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PEREZ, MAYRA V.
1165 SW 8 STREET
MIAMI, FL 33130 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600015292826
04/03/03--01053--016 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X** *[Signature]* **MAYRA V. PEREZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/13/03

Date

(305) 285-6700

Daytime Phone #

CR2E034 (10/02)

3/24