
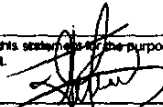
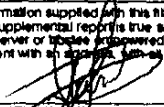


FILED
Jul 17, 2003 8:00 am
Secretary of State

07-17-2003 90032 012 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000091782		
1. Entity Name R & F MEDICAL CARE INC.		
Principal Place of Business 8346 NW 5 RIVER DR STE B MIAMI, FL 33166		Mailing Address 8346 NW 5 RIVER DR STE B MIAMI, FL 33166
2. Principal Place of Business 1393 SW 18 ST Suite, Apt. #, etc. 4206		3. Mailing Address 1393 SW 18 ST Suite, Apt. #, etc. 4206
City & State Miami, FL		City & State Miami, FL
Zip 33135 Country USA		Zip 33131 Country USA
4. FEI Number 65-1023945		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ROSELL, ROBERTO 12238 SW 17 #103 MIAMI, FL 33176		7. Name and Address of New Registered Agent Name JULIO C. MESA Street Address (B.O. Box number is not acceptable) 1393 SW 18 ST 4206 City MIAMI FL Zip Code 33131
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  JULIO C. MESA, Pres. 7/10/03 Signature, typed or printed name of registered agent and date of signature (REQUIRED: Registered Agent Signature required while appointing)		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PVBD MESA, JULIO C 1393 SW 18 STREET, SUITE 4206 MIAMI, FL 33135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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 appropriate affidavit as otherwise empowered. SIGNATURE:  JULIO C. MESA, Pres 7/10/03 302-1155 Signature, typed or printed name of signing officer or director		

90143978

☐ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)

Attachment

90143978

P99 0000 91782

1393 SW 1ST ST., STE. 420G
MIAMI, FLORIDA 33135
TELEPHONE: 305-362-1185

R & F MEDICAL CARE, INC.

July 10, 2003

Florida Department of State
Division of Corporations
Uniform Business Reports Filing
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Yr. 2003 Uniform Business Report
P99000091782

Dear Sir or Madam:

Attached herewith please find copy of the UBR report we downloaded as per your instructions in order to file for the year 2003. We have no record of receiving this report, apparently since we have relocated our business, the mail was not forwarded on to us.

Therefore, please accept our apologies for the delay and beg to have our Corporation reinstated to good standing. We have also attached our check in the amount of \$150.00 to cover for the annual dues.

Your assistance and cooperation with this matter is very much appreciated.

Sincerely,


Julio C. Mesa
President

JCM:al