

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000093141**

1. Entity Name

RPC MEDICAL CORP.**FILED**
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90009 044 ***150.00

Principal Place of Business

**145 MADEIRA AVENUE
SUITE 310
CORAL GABLES FL 33134**

Mailing Address

**145 MADEIRA AVENUE
SUITE 310
CORAL GABLES FL 33134-4520**

2. Principal Place of Business

7208 NW 56 ST

Suite, Apt. #, etc.

3. Mailing Address

7208 NW 56 ST

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33166

Country

USA

City & State

Miami FL

Zip

33166

Country

4. FEI Number

05-0969911

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANCHEZ DE VARONA, RAUL J
145 MADEIRA AVENUE
SUITE 310
CORAL GABLES FL 33134**

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **PADILLA, RODOLFO**
STREET ADDRESS **7208 NW 56 STREET**
CITY-ST-ZIP **MIAMI FL 33166**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rodolfo Padilla

Date

04/27/2000

Daytime Phone #

305 887-4444