

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90157 034 \*\*\*150.00

**DOCUMENT # P99000093141**

1. Entity Name  
**RPC MEDICAL CORP.**



Principal Place of Business  
**3785 NW 82ND AV  
212  
MIAMI FL 33166**

Mailing Address  
**3785 NW 82ND AV  
212  
MIAMI FL 33166**



2. Principal Place of Business

**1380 NE Miami Gardens Drive  
Suite, Apt. #, etc.  
Suite 241**

3. Mailing Address

**1380 NE Miami Gardens Drive  
Suite, Apt. #, etc.  
Suite 241**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Miami, Florida**

City & State  
**Miami, Florida**

4. FEI Number **65-0969911**

Applied For  
Not Applicable

Zip Country  
**33179 USA**

Zip Country  
**33179 USAmbia**

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Rodolfo Padilla**  
Street Address (P.O. Box Number is Not Acceptable)  
**1380 NE Miami Gardens Drive.  
Suite 241  
City Miami FL Zip Code 33179**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/09/03

DATE

**FILE NOW!!! FEE IS \$150.00  
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 **D** ☐ Delete  
NAME **PADILLA, RODOLFO**  
STREET ADDRESS **3785 NW 82ND AVE STE 212**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **P** ☐ Delete  
NAME **HERRERA, MARTHA LUZ**  
STREET ADDRESS **3785 NW 82ND AVE STE 212**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **Padilla, Rodolfo**  
STREET ADDRESS **1380 NE Miami Gardens Drive. Suite 241.**  
CITY-ST-ZIP **Miami, FL 33179**

TITLE ☒ Change ☐ Addition  
NAME **Herrera, Martha Luz**  
STREET ADDRESS **1380 NE Miami Gardens Drive. Suite 241**  
CITY-ST-ZIP **Miami, FL 33179**

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

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

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

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

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 address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

04/09/03

(305) 940-9944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)