2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093438

1. Entity Name
PROMEDICAL M.S.O., INC

FILED
May 13, 2000 8:00 am
Secretary of State
05-13-2000 90013 016 ***150.00

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1865 Brickell Av. # 1214 MIAMI FL. 33129 US	1865 Brickell Av. # 1214 MIAMI FL 33129 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0956021 ☐ Applied Fo[r] ☐ Not Applica[ble]

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
SPIEGEL & URETRA, P.A. 343 ALMERIA AV. CORAL GABLES FL. 33134	Name: MARCELO BUKI Street Address (P.O. Box Number is Not Acceptable): 1865 Brickell Av # 1214 City: MIAMI FL Zip Code 33129

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] MARCELO BUKI PRESIDENT
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 B[e] Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUKI, MARCELO E. 1865 BRICKELL AVE., #A1214 MIAMI FL 33129	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐
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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] MARCELO BUKI 4/18/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #