

FOR PROFIT CORPORATION
2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91519 031 ***150.00

DOCUMENT # P99000098767

1. Entity Name

ECUMED HEALTH GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

687 E. 9 STREET

Suite, Apt. #, etc.

3. Mailing Address

687 E. 9 STREET

Suite, Apt. #, etc.

City & State

HALEAH-FL

City & State

HALEAH-FL

Zip

33010

Country

U.S.A.

Zip

33010

Country

U.S.A.

4. FEI Number

65-0960210

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

AMADOR REYES, JR.

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

4778 S.W. 154 AV

City

MIAMI

FL

Zip Code

33185

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P/D	AMADOR REYES JR.	4778 S.W. 154 AVENUE	MIAMI-FL 33185
S/D	JUAN C. CARRAI	15103 S.W. 63 TERRACE	MIAMI-FL 33193
T/D	RAUL A. GONNELLI	7801 S.W. 24 STREET	MIAMI-FL 33155
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AMADOR REYES JR.

Date

3-26-02

Daytime Phone #

CR2E034B (12/01)