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

## P99000098767 **DOCUMENT#**

1. Entity Name

ECUMED HEALTH GROUP, INC.



## FILED Mar 03, 2003 8:00 am Secretary of State 03-03-2003 90427 050 \*\*\*150.00

						A SHE THE						
Principal Plac 687 E 9 ST HIALEAH FL 3	ce of Busines	s	687 E 9	Mailing Address 687 E 9 ST HIALEAH FL 33010				I ARNIANI NA IRNIA SANI ARNI ARNI ANI A				
2. Principal f	Place of Busin	ness	3. Mailin	3. Mailing Address								
Suite, Apt	. #, etc.		Suite,	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Sta	te		City &	City & State			4. FEI Number 65-0960210				Applied For	
Zíp Country			Zip	Zip Countr			5. Certificate of Status Desired			Not Applicable  \$8.75 Additional Fee Required		
	6. Name	and Address of Curi	rent Registered	Registered Agent			7. Name and Address of New Registered Agent					┨
	0. 1101110	and Addicas of Odi	rem riegistered	Agent		Name		Hame and Address of New Neg	isiereu Ag	CIIL		1
REYES, A	MADOR JR						•					_
4778 SW		,3 <sup>*;</sup>		Street Addres			s (P.O. Box Number is Not Acceptable)					
MIAMI FL						· · · · · · · · · · · · · · · · · · ·						1
					-	City			FL	Zip Cod	e	1
8. The above	e named entit	v submits this stateme	nt for the purpos	se of changing its	registered	office or regist	ered ac	gent, or both, in the State of Florid		niliar with	and accept	-
	tions of regist		and purpos	o or changing no	registered	omee or region	iorod ug	gont, or both, in the state of Florid	a, raiiriai	rilliar wiai,	and accept	1
SIGNATURE	<b>&gt;</b> 1					4						
	Signature, typed	or printed name of registered a	agent and title if applica	able. (NOTE	: Registered A	gent signature requi	red when r	reinstating)	DATÉ			
Afte	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.						9. Efection Campaign Finanti Trust Fund Contribution.	cing		0 May Be	
	k Payable to	Florida Departmer	nt of State					Troot vario contribution.		Added	1101663	
10.	IDD	OFFICERS A	AND DIRECTORS		11.		ΑE	ODITIONS/CHANGES TO OFFICE	RS AND	IRECTOR	S IN 11	],
TITLE	PD Reyes, An	ANDOD ID		☐ Delete	TITLE				[	Change	☐ Addition	
NAME STREET ADDRESS		THWEST 154TH AV	ENHE		NAME	ADDRESS						
CITY-ST-ZIP	MIAMI FL		LITOL		CITY-S							
TITLE	SD			□ Delete	TITLE				Г	Change	Addition	18
NAME	CARRAI, JI	UAN C			NAME					cego		1
STREET ADDRESS	DRESS 15103 SW-63 TR			STR		address		en e				
CITY-ST-ZIP	MIAMI FL 3	33193			CITY-S	T-ZIP						
TITLE	TD			☐ Delete	TITLE			•	[	Change	☐ Addition	]
NAME	GONNELLI				NAME							1
STREET ADDRESS CITY-ST-ZIP	7801 SW 2 MIAMI FL 3				STREET CITY-S	ADDRES\$						
	INITIANIT FE S	33 133			4	1-214						4
NAME				☐ Delete	TITLE NAME	İ			L	Change	Addition Addition	
STREET ADDRESS						ADDRESS					-	
CITY-ST-ZIP					CITY-ST	T-ZIP		•				
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NAME	1				NAME				•	-		
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP					CITY-ST	- <u>/</u> IP				<u> </u>		-
TITLE				☐ Delete	TITLE					Change	☐ Addition	ŀ
NAME STREET ADDRESS					NAME STREET	ADDRESS						1
CITY-ST-ZIP					CITY-ST	ı						
12. I hereby o	certify that the	e information supplied	with this filing do	oes not qualify for	the exem	otion stated in S	Section	119.07(3)(i), Florida Statutes. I fur	ther certify	that the ir	 nformation	1
indicatéd of the cor changed,	on this repor poration or th , or on an atta	t or supplemental repo ne receive) or trustee e achmess with an addre	ort is true and ac impowered to ex ss, with all other	curate and that m ecute this report a like empowered.	y signatur as required	e shall have the d by Chapter 60	e same 07, Flori	legal effect as if made under oath ida Statutes; and that my name ap	that I am pears in E	an officer of lock 10 or	or director Block 11 if	

SIGNATURE:

TURDUNE OLGARRAI