

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

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90413 019 \*\*\*150.00

DOCUMENT # P99000103079  
1. Entity Name  
*Abdon Medical Service Group Corporation*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*1378 Coral Way*  
Suite, Apt. #, etc. *3 Piso*

3. Mailing Address  
*Same*  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*Miami, FL*  
Zip *33145* Country *Dade*

City & State  
Zip Country

4. FEI Number  
*650963830*  
Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

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 also if applicable)

(NOTE: Registered Agent signature required when changing)

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  
Annual UBR is \$41.00  
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

TITLE	<i>PD</i>
NAME	<i>Quevedo Anacelys</i>
STREET ADDRESS	<i>1378 Coral Way 3rd Floor</i>
CITY - ST - ZIP	<i>Miami, FL 33145</i>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CR20034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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; thus 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*04-30-02* *305.7993549*  
DATE SIGNATURE PHONE