

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

**FILED**  
**May 23, 2003 8:00 am**  
**Secretary of State**

05-23-2003 90145 005 \*\*\*150.00

DOCUMENT # P99000104049

1. Entity Name

ON-SITE MEDICAL CENTER INC

**DO NOT WRITE IN THIS SPACE**

90137696

2. Principal Place of Business

601 SW 123 AVE

3. Mailing Address

601 SW 123 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0964511

Applied For

Not Applicable

Zip

33184

Country

MIAMI-Dade

Zip

33184

Country

MIAMI-Dade

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

YEMILE VERA

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

601 SW 123 AVE

City

MIAMI

FL

Zip Code

33184

**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)

5-19-03

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

PTS  
YEMILE VERA  
601 SW 123 AVE  
MIAMI FL 33184

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
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

Date

Daytime Phone #

5/19/03

Attachment

90137696

#P99000104049

May 19 2003

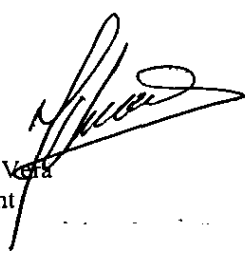
Division of Corporation  
Tallahassee, FL.

RE: Annual Report for  
Eagle Medical Equipment Inc  
On-Site Medical Center Inc

Attached there is the report for the corporations show above.

We moved and do not received the reports on time.

We appreciated very much you attention to this matter.

  
Yemile Vera  
President