√2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000105875** May 22, 2000 8:00 am Secretary of State MEDICAL PLANET CORP. 05-22-2000 90050 022 ***150.00 Mailing Address Principal Place of Business 2001 N.:W. 7TH STREET 2001 N.:W. 7TH STREET SUITE 202 SUITE 202 MIAMI FL 33125 MIAMI FL 33125 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ~ LANDA, MARTIN R Street Address (P.O. Box Number is Not Acceptable) 7575 WEST FLAGLER ST SUITE 204 **MIAMI FL 33144** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition **PSD** TITLE Delete TITLE LORENZO, PABLO NAME NAME STREET ADDRESS 2001 N.W. 7TH STREET SUITE 202 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33125** ☐ Change ☐ Addition ☐ Delete TITLE TITI F RODRIGUEZ, MARILYN NAME STREET ADDRESS 2001 N.W. 7TH STREET SUITE 202 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33125 ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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 a true see 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 of the corporation of the corporation of the receiver and that my name appears in Block 11 or Block 12 if changed, or on an attachment of the corporation of the corporation of the receiver and that my name appears in Block 11 or Block 12 if changed, or on an attachment of the corporation of the corporation of the corporation of the corporation of the receiver and the corporation of the receiver and the corporation of th

SIGNATURE:

CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30/00 (305)4