FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90517 048 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S29254

1. Entity Name
PRIMARY MEDICAL SERVICES, INC.

11004053

Principal Place of Business	Mailing Address
118 SIDONIA AVENUE #1 CORAL GABLES, FL 33134 US	118 SIDONIA AVENUE #1 CORAL GABLES, FL 33134 US

2. Principal Place of Business	3. Mailing Address
2180 NW 19th Ave	2180 NW 19th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami FL.
Zip: 33142 Country	Zip: 33142 Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0247108 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REY, IVETTE
118 SIDONIA AVENUE
#1
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name: Rey, Ivette
Street Address (P.O. Box Number is Not Acceptable): 2180 NW 19th Ave
City: Miami, FL Zip Code: 33142

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ — $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P REY, IVETTE 118 SIDONIA AVENUE, #1 CORAL GABLES, FL 33134 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Rey, Ivette 2180 NW 19th Ave Miami FL. 33142 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ivette Rey Owner 4/14/03 3054488182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #