

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90104 010 ***150.00

DOCUMENT # **V 16956**

1. Entity Name

A. ADD A. MEDICAL SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18 W. 55TH STREET

3. Mailing Address

18 W. 55TH STREET

Suite, Apt. #, etc.

SUITE B

Suite, Apt. #, etc.

SUITE B

City & State

HIALEAH, FL

City & State

HIALEAH, FL

Zip

33012

Country

USA

Zip

33012

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0314062

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

MAIRI RODRIGUEZ

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

5591 W. 2ND AVENUE

City

HIALEAH

FL

Zip Code

33012

**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

Maeri M Rodriguez

Maeri M Rodriguez 4/29/02

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible

tax filing requirement and elects to do so. ☐

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

**PRESIDENT
RODRIGUEZ, MAIRI M.
5591 W 2ND AVENUE.
HIALEAH FL 33012**

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

Maeri M Rodriguez

Maeri M Rodriguez 4/29/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034R (12/01)