

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V34522**

1. Entity Name
PATIENT CARE, INC.

FILED

01 OCT -1 PM 3:21

Principal Place of Business
175 FOUNTAIN BLEAU BLVD
SUITE 1R7
MIAMI FL 33172
US

Mailing Address
175 FOUNTAINBLEAU BLVD
#1R7
MIAMI FL 33172
US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1R2

Suite, Apt. #, etc.

1R2

City & State

City & State

4. FEI Number

65-0335652

☒ Applied For
☐ Not Applicable

DO NOT WRITE IN THIS SPACE

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERNANDEZ, SANDRA
618 N.W. 128 PLACE
MIAMI FL 33182

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 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. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **FERNANDEZ, SANDRA**
STREET ADDRESS **618 N.W. 128TH PL.**
CITY-ST-ZIP **MIAMI FL 33182**

TITLE ☐ Change ☐ Addition
NAME **500004661505--5**
STREET ADDRESS **-10/31/01--01069--021**
CITY-ST-ZIP ******750.00 ****750.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

SIGNATURE:

SANDRA FERNANDEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/01 **(205)**
228-9333
Date Daytime Phone #

CR2E034 (5/01)