

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V34522

1. Entity Name

Patient Care, Inc.



Principal Place of Business

Mailing Address

175 Fountainbleau Blvd.
Suite 1R2
Miami FL 33172

175 Fountainbleau Blvd
Suite 1R2
Miami FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0335652

Applied For

Not Applicable

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

Wilson, I Everett Esq.
c/o Wilson Suarez & Lopez
2151 Le Jeune Rd, NE22
Coral Gables, FL 33134

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW! FEE IS \$150.00
After May 1, 2003, fee will be \$150.00
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
PD
Calara, Clemente
175 Fountainbleau Blvd, Suite 1R2
Miami FL 33172 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
~~Calara, Clemente~~
~~175 Fountainbleau Blvd, Suite 1R2~~
~~Miami, FL 33172~~ ☒ Delete

TITLE
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000021572040
07/15/03--01060--001 ***81.25 ☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-11-03

Date

Corporate Phone

Amended
FILED
August
15
10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA