

2001 UNIFORM BUSINESS REPORT (UBR)

Amended: #61.25

DOCUMENT # **V48777**

1. Entity Name

MEDICAL HEALTH SERVICES, INC.

Principal Place of Business

Mailing Address

**1401 E. 4TH AVENUE #104
HIALEAH, FL. 33010**

FILED

01 JUL 10 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

1401 E. 4TH AVE #104

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#104

City & State

HIALEAH FL

City & State

4. FE Number

65.0343816

Applied For

Not Applicable

Zip

Country

Zip

Country

33010

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JORGE ALVAREZ
2914 NW 98 PLACE
MIAMI, FL 33172**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Jorge Alvarez

7/5/01

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
RODALIA Y. ALVAREZ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
RODALIA Y. ALVAREZ M.D.
1401 E. 4TH AVE. #104
HIALEAH, FL 33010** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE PRESIDENT AND SECRETARY
JORGE G. ALVAREZ
1401 E. 4TH. AVE #104
HIALEAH, FL 33010** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREASURER
MIGUEL LEON
3950 SW 59 CT
MIAMI, FL 33155** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**100004481271--6
-07/17/01--01083--025
*****61.25 *****61.25** ☐ Change ☐ Addition

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jorge Alvarez

7/5/01 305 885.9995

CR2E034 (11/00)