

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

05-27-2003 90173 047 \*\*\*150.00

02R3756 AV

**DOCUMENT # V73673**

1. Entity Name

FLORIDA HEALTHCARE SERVICES, INC.



Principal Place of Business  
6356 NORTHWEST 82 AVENUE  
MIAMI FL 33166

Mailing Address  
6356 NORTHWEST 82 AVENUE  
MIAMI FL 33166

2. Principal Place of Business

4815 NW 79 Ave

3. Mailing Address

4815 NW 79 Ave

Suite, Apt. #, etc.

7

Suite, Apt. #, etc.

7

City & State

Miami FL

City & State

Miami FL

Zip

33166

Country

Miami-Dade

Zip

33166

Country

Miami-Dade

4. FEI Number

65-0969348

65-0969348

0363943

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ALVAREZ, CARMEN  
6356 N.W. 82ND AVENUE  
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name CARMEN ALVAREZ

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

4815 NW 79 AVE Ste #7

City

Miami FL

FL

Zip Code

33166

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

*Carmen Alvarez*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/01/03

**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

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	PINA, CARMEN L.	
STREET ADDRESS	6356 N.W. 82 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	PST	<input type="checkbox"/> Delete
NAME	ALVAREZ, CARMEN	
STREET ADDRESS	6356 NW 82ND AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

173673/8012252

tation Name: Machine: MIA016WA0701776 Date: 11/06/2002 Time: 1:32:43 PM

NMOD 65-0363943

CAF>C

BOD-CD>SB CLIENT-CD>R  
-PT -AH

NM-CTRL>FLOR

LST-MF-EXTRCT-CYC-ENT>200245

YM>12

PMF-IND>1

CO7X/TC09X

PRIMARY-NAME> FLORIDA HEALTH CARE SERVICES INC NM-LINE-YR>0000  
STREET-OR-FORGN-CTY-ZIP> 6356 NW 82ND AVE  
FL 331663427564  
TY/STA/ZIP-OR-FORGN-CTRY> MIAMI  
PRIOR-NM-LN> FLORIDA HEALTHCARE SERVICES INC PR-NM-CTRL>  
TRANS-CD>013 DLN>07963-477-00045-3 TRANS-CYC>199312 TRANS-DT>03161993

RAF-INDS>311000000

PRIMARY-LOC>6525

ENTITY-ESTAB-DT>101992

NAICS-CD>621610

EDYR>1997

WP>

BOD>

FILING REQUIREMENTS 941>01 1120>02 940>1  
000 10261992-----199245 65904-702-00724-2  
093 03091993-----199311 07953-468-01024-3  
013 03161993-----199312 07963-477-00045-3

Employee #1320224475 Page 001 of 002 PAGE 002

INTERNAL REVENUE SERVICE  
TAXPAYER ASSISTANCE CENTER  
W & I STOP 5170  
51 S.W. FIRST AVE.  
MIAMI, FL 33130

Internal Revenue Service  
Tax Field Assistance  
Miami FL

NOV 06 2002

Ira Silin

Tax Resolution Representative  
ID No. 65-04681  
Wage & Investment



Internal Revenue Service  
www.irs.gov

51 SW 1st Avenue, Room 523  
Stop 5170  
Miami, FL 33130

Office: 305-982-5066 FAX: 305-982-5344  
Email: Ira.D.Silin@irs.gov