

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State
 05-30-2002 91587 038 ***150.00

0211189 AV

DOCUMENT # P01000107184

1. Entity Name
CAREPLUS MEDICAL CENTERS, INC.

Principal Place of Business Mailing Address

55 ALHAMBRA PLAZA, 7 FLOOR **55 ALHAMBRA PLAZA, 7 FLOOR**
CORAL GABLES FL 33134 **CORAL GABLES FL 33134**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For

65-1152965 Not Applicable

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

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE SOUTHEAST THIRD AVE, 28 FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: **Michael B Fernandez**
 Street Address (P.O. Box Number is Not Acceptable): **55 ALHAMBRA PLAZA**
SUITE 700
 City: **CORAL GABLES** FL Zip Code: **33134**

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: *Michael B Fernandez* Date: **4/17/2002**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael B Fernandez <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S, T, D MICHAEL B FERNANDEZ 55 ALHAMBRA PLAZA, 7TH FLOOR CORAL GABLES, FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michael B Fernandez* Date: **4/17/2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)