## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## M58805 **DOCUMENT #**

1. Entity Name

COYA MEDICAL CENTER P.A.



## **FILED** Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90094 041 \*\*\*150.00

Principal Place of Business 10534 S.W. 8 ST. MIAMI FL 33174		Mailing Address 10534 S.W. 8 ST. MIAMI FL 33174						
2. Principal Place of Business		3. Mailing Address		-				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4				
Zip Country		7.			4. FEI Number 59-2846071		Not Applicable	
ΣΙΡ	Country	Zip	Country	5.		8.75 A		
	6. Name and Address of Current	Registered Agent		7.	. Name and Address of New Registered A		100	
TORRE-C	OYA, IVONNE F.		Name		•			
10534 SV			Street Address (F		P.O. Box Number is Not Acceptable)			
MIAMI FL		<del></del>						
			City		. FL	Zip Co	ode	
8. The above the obliga	or the purpose of changing its	registered office or regist	tered a	agent, or both, in the State of Florida. I am fa	<u> </u>	n, and accept		
SIGNATURE	,							
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature requi	red when	reinstating) DATE			
FILE-NOW!!! FEE-IS-\$150:00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State			er for a second		9. Election Campaign Financing Trust Fund Contribution.	<b>\$5.</b> Adde	00 May Be	
10.	OFFICERS AND		11.	A	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTO	RS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	PSD TORRE-COYA, IVONNE F. 115 SW 127 AVE. MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIEGO, MARIA LUISA 115 SW 127 AVE. MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del></del>		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	المجاد المعادية	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP		Г	] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby or	ertify that the information supplied with t	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			] Change	Addition	

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

SIGNATURE:

(305) 223-0132