

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

ATX1

03 MAY -5 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M-72986
1. Entity Name
LUCINDA I. CUERVO M.D. PA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7000 S.W. 62 AVE.
Suite, Apt. #, etc.
PENTHOUSE C.
City & State
MIAMI, FL
Zip
33145

3. Mailing Address
Suite, Apt. #, etc.
City & State
City
Country
Zip
Country

500018834255
05/13/03--01044--004 **150.00
DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0080729
Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
LUCINDA I. CUERVO
Street Address (P.O. Box Number is Not Acceptable)
7000 S.W. 62 AVE.
PENTHOUSE C.
City
MIAMI FL Zip Code
33145

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

January 1st - May 1st Fee is \$150.00
After May 1st, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	DP LUCINDA I. CUERVO 7000 S.W. 62 AVE., PENTHOUSE C. MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

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

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 Date
305-668-4688 Daytime Phone #