

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

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91149 039 \*\*\*150.00

DOCUMENT # 700000060731  
1. Entity Name  
THERAPARTNERS OF SOUTH FLORIDA, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>7800 SW 87<sup>th</sup> AVENUE</u>		3. Mailing Address <u>2800 SW 2nd AVENUE</u>	
Suite, Apt. #, etc. <u>B-250</u>		Suite, Apt. #, etc.	
City & State <u>MIAMI FL</u>		City & State <u>MIAMI FL</u>	
Zip <u>33173</u>	Country	Zip <u>33129</u>	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-1022737</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>DR. FERNANDO MENDEZ-VILLAMIL</u>
Street Address (P.O. Box Number is Not Acceptable) <u>2800 SW 2nd AVENUE</u>
City <u>MIAMI</u> FL Zip Code <u>33129</u>

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.   
(See criteria on back)

**January 1 - May 1: Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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	<u>PD</u> <u>FERNANDO MENDEZ-VILLAMIL</u> <u>2800 SW 2nd AVENUE</u> <u>MIAMI FL 33129</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VD</u> <u>RANDALL GLUSS</u> <u>2885 SW 3 AVENUE</u> <u>MIAMI FL 33129</u>
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] PRESIDENT Date: 4/30/02 Daytime Phone #: 305-860-6311

CR2E034B (12/01)