2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90179 011 ***150.00

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1. Entity Name
THERAPARTNERS OF SOUTH FLORIDA, INC.

11010040

Principal Place of Business	Mailing Address
7800 SW 87TH AVENUE 8-250 MIAMI, FL 33173	2885 SW 3RD AVENUE MIAMI, FL 33129

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 450970 Suite, Apt. #, etc.
City & State	City & State: Miami, FL
Zip / Country	Zip: 33245 / Country: USA

4. FEI Number: 65-1022737 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MENDEZ-VILLAMIL, FERNANDO DR. ~~2800 SW 2ND AVENUE~~ ~~MIAMI, FL 33129~~	Name Street Address (P.O. Box Number is Not Acceptable): 1898 SW 22 St, Suite B 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: 4/11/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MENDEZ-VILLAMIL, FERNANDO DR. 2800 SW 2ND AVENUE MIAMI, FL 33129	☐ Delete	P.D. Mendez-Villamil, Fernando 1898 S.W. 22 St, Suite B Miami, FL 33145	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GLUSS, RANDALL 2885 SW 3 AVENUE MIAMI, FL 33129	☐ Delete	VD Gluss, Randall 2800 SW 3rd Avenue Miami FL 33129	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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: _____ 4-11-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #