

FILED
Apr 07, 2002 8:00 am
Secretary of State

02-27-2002 90038 008 ***158.75

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000065970

1. Entity Name
PROFESSIONAL MEDICAL OFFICE, INC.

Principal Place of Business
**1490 WEST 49TH PLACE, SUITE #205
HIALEAH FL 33012**

Mailing Address
**1490 WEST 49TH PLACE, SUITE #205
HIALEAH FL 33012**

20934



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65118634	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CESPEDES, SILVIA YOLANDA
1490 WEST 49TH PLACE, SUITE #205
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name: **Aloise, Maria Antonia**
Street Address (P.O. Box Number is Not Acceptable): **802 NW 87TH AVE APT. 414**
City: **Miami** FL Zip Code: **33172**

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: Aloise (Signature, typed or printed name of registered agent and title if applicable.) Aloise (NOTE: Registered Agent Signature required when reinstating.) DATE: 2-12-02

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	PD CESPEDES, SILVIA YOLANDA 802 NW 87TH AVE. APT. 414 MIAMI FL 33172 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALOISE, MARIA ANTONIA 802 NW 87TH AVE. APT. 414 MIAMI FL 33172 <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	PVPD ALOISE, MARIA ANTONIA 802 NW 87TH AVE APT. 414 MIAMI, FL 33172 <input checked="" 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
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

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: SIGNATURE REQUIRED DATE: 2-12-02

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

CRE034 (9/01)