

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

FILED

03 MAR 26 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000066301**
 1. Entity Name
ALICE R. BARBA MD PA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8370 West Flagler St
 Suite, Apt. #, etc. **200**
 City & State **Miami FL**
 Zip **33144** Country **Dade**

3. Mailing Address
877 NE 73rd St
 Suite, Apt. #, etc.
 City & State **Miami FL**
 Zip **33138** Country **Dade**

4. FEI Number **65 111 9078**
 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 **Alice R Barba MD**
 Street Address (P.O. Box Number is Not Acceptable)
877 NE 73rd Street
 City **Miami** FL Zip Code **33138**

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 **2/19/03**

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

January 1 - May 1 Fee is \$150.00
 After May 1, 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 | President Alice R Barba MD 877 NE 73rd Street Miami FL 33138 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 500015168925 04/02/03--01039--009 **300.00 |
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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: **Alice R Barba MD** Date **2/19/03** Daytime Phone # **305 225 0400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)