2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000117213

1. Entity Name

GERVASIO A. LAMAS, M.D., P.A.



FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90014 015 ***150.00

Principal Place of Business 4300 ALTON ROAD SUITE 207 MIAMI BEACH FL 33140			Mailing Address 4300 ALTON ROAD SUITE 207 MIAMI BEACH FL 33140									
2. Principal Pl	lace of Busin	ess	3. Mailing Address					I INNEEDIN EEF NUUTU JENII DUNII ONIII	i dáiši ti da í libit		 	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
City & State			City & State					FEI Number 68-053389	79		plied For t Applicable	
Zip	Country				Coun			Certificate of Status Desired	Fei	3.75 Add Required		
Name and Address of Current Registered Agent						Name	7.	Name and Address of New Re	gistered Age	nt		
CURRIER,	MARIA T					Street Address (P.O. Box Number is Not Acceptable)						
	KELL AVE	Street Ac			Street Addr	ess (P.O.	55 (1.0. DOX NUITIDG) IS INDEACCEPTABLE)					
SUITE 2500									· · · · · · · · · · · · · · · · · · ·			
MIAMI FL 33131						City			FL	Zip Code		
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						•		9. Election Campaign Fina Trust Fund Contribution			0 May Be I to Fees	
10.		OFFICERS AND I		RS	11.		A	L ADDITIONS/CHANGES TO OFFIC	CERS AND D	RECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4300 ALT	ERVASIO A MD ON ROAD, SUITE 207 ACH FL 33140		Delete		1			<u> </u>] Change	☐ Addition	
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2. 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 trusted empty legal 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 across with all other like empowered.

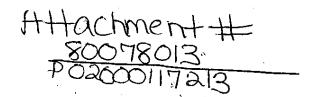
SIGNATURE:

REQUIRED

C/18/03

Daytime Phone #

CR2E034 (10/02)



GONZALEZ, GUÊRNICA & MONTEAGUDO, LLC. 8180 N.W. 36 STREET, SUITE 230 MIAMI, FLORIDA 33166

February 25, 2003

Gervasio A. Lamas, MD.PA 4300 Alton Road, Suite #207 Miami Beach, Florida 33140

Dear Dr. Lamas:

Enclosed is the "2003 Uniform Business Report". Please review, sign and mail the report, along with a check for \$150 payable to the Department of State.

Make sure the report is mailed prior to May 1, 2003, since after that date the filing fee increases to \$ 550. If for any reason the report is not filed by August 2003, the Department of State will dissolve the Corporation and reinstatement will cost \$ 915.

Regards,

Ed Gonzalez For the firm

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