

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90095 042 ***150.00

DOCUMENT # P94000051734

1. Entity Name

PEDRO L. CARDICH M.D., P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1321 N.W. 14 ST.

3. Mailing Address

1321 N.W. 14 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

607

607

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

Zip

Country

33125

33125

4. FEI Number

65-0506088

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

CARDICH, PEDRO L.

Street Address (P.O. Box Number is Not Acceptable)

1321 N.W. 14 ST. # 607

City

MIAMI

FL

Zip Code

33125

**DO NOT WRITE
IN THIS SPACE**

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PS	CARDICH, PEDRO L	1321 N.W. 14 ST. # 607	MIAMI, FL. 33125				

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10, 2002
Date

(305) 326-1180
Daytime Phone #