2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 25, 2001 8:00 am Secretary of State DOCUMENT # **P98000033173** 1. Entity Name SHEA & DIAZ, MD'S P.A. 01-25-2001 90226 032 ***150.00 Principal Place of Business Mailing Address 801 ARTHUR GODFREY RD. 801 ARTHUR GODFREY RD. SUITE 660 SUITE 660 V V U & J Y MIAMI BCH FL 33140 MIAMI BCH FL 33140 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0827420 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SEAN SHEA SHEA. SEAN Street Address (P.O. Box Number is Not Acceptable) 333 ARTHUR GODFREY RD., SUITE 822 MIAMI BCH FL 33140 ARTHUR GODFREY Zip Code 8. The above named partity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change SHEA. SEAN NAME NAME 801 ARTHUR GOOFREY RD, #660 M: Ami SEACH FC 33140 \(\text{\text{Change}}\) \(\text{\text{Addition}}\) STREET ADDRESS 333 ARTHUR GODFREY RD., SUITE 822 STREET ADDRESS CITY-ST-ZIP MIAMI BCH FL 33140 CITY-ST-ZIP TITLE ☐ Delete TITLE DIAZ, GEORGE NAME NAME 801 ARTHUR GOOFKEY RR, #660 333 ARTHUR GODFREY RD., SUITE 822 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BCH FL 33140 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 truspee 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 impowered.