2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2000 8:00 am
Secretary of State
05-07-2000 90033 029 ***158.75

DOCUMENT # V18242

1. Entity Name

JOSE M. VALDIVIA JR. MD, P.A.

Principal Place of Business	Mailing Address
1680 MICHIGAN AVE STE 1016 MIAMI BCH FL 33139 US	1680 MICHIGAN AVE STE 1016 MIAMI BCH FL 33139-2514 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
400 ARTHUR GODFREY ROAD	400 ARTHUR GODFREY ROAD
Suite, Apt. #, etc.: SUITE 406	Suite, Apt. #, etc.: SUITE 406
City & State: MIAMI BEACH FLA 33140	City & State: MIAMI BEACH FLA
Zip: 33140 Country: USA	Zip: 33140 Country: USA

4. FEI Number 65-0330911 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~VALDIVIA, JOSE M., JR~~ ~~10500 SW 91 AVENUE~~ ~~MIAMI FL 33176~~ 400 ARTHUR GODFREY ROAD SUITE 406 MIAMI BEACH FLA 33140	Name Street Address (P.O. Box Number is Not Acceptable) 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.

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

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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST VALDIVIA, JOSE M., JR 10500 SW 91 AVE MIAMI FL 33176	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VALDIVIA, JOSE M., JR 10500 SW 91 AVE MIAMI FL 33176	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST VALDIVIA, JOSE M., JR. 400 ARTHUR GODFREY ROAD SUITE 406 MIAMI BEACH FLA. 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. VALDIVIA, JOSE M., JR 400 ARTHUR GODFREY ROAD SUITE 406 MIAMI BEACH FLA. 33140.	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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] JOSE M. VALDIVIA JR M.D PRESIDENT 4/24/00 (305) 5348550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #