2003 FOR PROFIT CORPORATION

ON	ILAUNIM	DOSINE	33 NEFOII	. /-							
1. Entity Name		S72819	9				FIĽED				
ANTÓNIO	MORA, M.D	., P.A.	·				03 OCT -6 PM 1:38				
Principal Place 1435 W 49 PL	of Business		Mailing Address 1435 W 49 PL				SECRETARY OF STATE TALLAHASSEE, FLORIDA				
SUITE 305 HIALEAH FL 33012 US			Suite 305 Hialeah Fl 33012 US								
2. Principal Pl	ace of Business		3. Mailing Address 8100 SVV	132	St.		ade in	ISTAT	경이 []	31/8/17	~
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE	IF MAKING	S CHANGES	
City & State			City & State , FL				Not Ap			plied For t Applicable	
Zip	Zip Country		Zip 33156	Coun	try US		5. Certificate of		×	\$8.75 Add Fee Required	
	6. Name and	Address of Current F	legistered Agent		Name			ddress of New R	egistered	Agent	
MORA, AN	ITONIO						O. Davi Musebas	a Niet Appostable	· :		
	2TH STREET #	305			Street Add	dress (P.C		s Not Acceptable			
HIALEAH I	FL 33012				3		10/03/	0023 5 0301087	-020	***758.7	'5
					City		<u> </u>		FI	Zip Code)
	named entity sub ions of registered		the purpose of changing its	register	ed office or r	egistered	d agent, or both,				and accept
SIGNATURE .	Signature, typed or pri	nted name of registered agent a	nd title if applicable. (NOT)	E: Registere	d Agent signature	e required w	hen reinstating)	<u>. </u>	0 27 K) s	
After Se	ptember 10, 200	EE IS \$550.00 03 Fee will be \$750. orida Department of	00 State				I	tion Campaign Fi Fund Contribution	_		May Be I to Fees
10.	Ci dyubic to i ic	OFFICERS AND		11.	<u> </u>		ADDITIONS/C	HANGES TO OFF	ICERS AN	D DIRECTORS	S IN 11
TITLE	PD ANTO	NIO	☐ Delete	TITL		-	•			Change	☐ Addition
NAME STREET ADDRESS : CITY-ST-ZIP	MORA, ANTO 1435 WERST HIALEAH FL	49TH PLACE STE 3	05		EET ADDRESS '-ST-ZIP						
TITLE			☐ Delete	TITE						☐ Change	Addition
NAME				NAN STR	ME EET ADDRESS		,				
STREET ADDRESS CITY-ST-ZIP				CIT	/-ST-ZIP				****		
TITLE		-	☐ Delete	TITL		<u> </u>		•		☐ Change	☐ Addition
NAME STREET ADDRESS				NAM STR	EET ADDRESS						
CITY-ST-ZIP	•			CIT	Y-ST-ZIP						
TITLE		-	☐ Delete	TITL						☐ Change	☐ Addition
NAME STREET ADDRESS				NAM STR	EET ADDRESS						
CITY-ST-ZIP				CIT	Y-ST-ZIP	- <u></u> -					
TITLE		-	☐ Delete	TITI						Change	☐ Addition
NAME STREET ADDRESS				NAM STF	REET ADDRESS						
CITY-ST-ZIP		<u></u>		CIT	Y-ST-ZIP		.,				
TITLE			☐ Delete	TITI						☐ Change	Addition
NAME STREET ADDRESS		•		NAI STE	ME REET ADDRESS						
CITY-ST-ZIP					Y-ST-ZIP					1. 3 .	
indicated	d on this report or	suppremental report is	this filing does not qualify for true and accurate and that owered to execute this report with all other like empowered	my signi t as requ	emption state ature shall ha vired by Cha	ed in Sec ave the s pter 607,	ction 119.07(3)(i ame legal effect , Florida Statutes	i, Florida Statutes as if made under and that my nar	. I further of oath; that ne appear	certify that the i I am an office is in Block 10 o	information r or director or Block 11 if
		:	ÍRE REQUE) 4	ntoni	ממאי ס	a (Presid	dent) (305)5	5573 <i>6</i> 00
SIGNAT	IUKE:		PRINTED NAME OF SIGNING OFFICE				- 101	Date	<u> </u>	Daytime Phone #	