2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 21, 2000 8:00 am Secretary of State **DOCUMENT # 495342** RENE MARTIN MORA, M.D., P.A. 01-21-2000 90058 050 ***150.00 Principal Place of Business Mailing Address 1330 CORAL WAY 1330 CORAL WAY ROOM 409 **ROOM 409** 00000751MIAMI FL 33145 MIAMI FL 33145-2945 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc: Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1669171 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent M. MORA DIAZ-BERGNES, GABRIEL Street Address (P.O. Box Number is Not Acceptable) 45 S.W. 36TH COURT MIAMI FL 33135 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. (NOTE: Registered Agent signature required when reinstating) ==FILE:NOW!!!=FEE:IS:\$150:00= 9.-This corporation is eligible to satisfy its Intangible-10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 ☐ Addition PD TITLE Change TITLE Delete MORA, RENE MARTIN NAME NAME STREET ADDRESS STREET ADDRESS 4005 S. W. 13 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition ☐ Delete TITLE TITLE MORA, CARMEN L. NAME STREET ADDRESS STREET ADDRESS 4005 S. W. 13 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE

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.

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

☐ Delete

☐ Delete

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIE

CITY-ST-ZIP

TITLE NAME

TITLE NAME

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTO

X /// 4/00 Date Daytime Ph

Change

Change

☐ Addition

☐ Addition