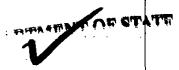
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 544408



FILED Aug 17, 2000 8:00 am

1. Entity Name ALBERTO YONFA, M.D., P.A.							\$	Secret 08-17-2000	ary	of	Sta	ite	
Principal Place	e of Business		Mailing Address										
117 W UNDERWOOD ST ORLANDO FL 32806			117 W UNDERWOOD ST ORLANDO FL 32806						, , ,	-			
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2. Principal Place of Business			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO NOT WRI	ITE IN TH	IS SPAC	Æ		
City & State			City & State			4 . F	El Number	59-17600°	19			olied For Applicable	
Zip Country		Country	Zip Country		5. Certificate of Status Desired See Required Fee Required								
	6. Name an	d Address of Current Re	gistered Agent		Alexandr	7. N	lame and Ad	dress of New F	Registere	d Agen	t		-
YONFA, ALBERTO					Name ——————								
117 W. UNDERWOOD ST.					Street Addres	s (P.O. B	ox Number is	Not Acceptable	e) 				
ORLANDO FL 32806													
				Ţ	City				F	L Z	ip Code		
8. The above	named entity s	ubmits this statement for th	ne purpose of changing its r	egistere	d office or regis	tered age	ent, or both,	in the State of FI	orida.				
						4							
SIGNATURE .	Signature, typed or p	rinted name of registered agent and	title if applicable. (NOTE:	Registered	Agent signature requ	ired when re	instating)		DAT	E			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FILE NOW!! After SEPTEMBER 13 Make Check Payable	, 2000 (IS \$550.00 Min. will be \$1		10. Election		_		\$5.00 Added 1	May Be to Fees	
11.		OFFICERS AND DI	RECTORS	12.		AD	DITIONS/CH	IANGES TO OF	FICERS A	ND DIR	ECTORS		1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YONFA, AL 117 W. UNI ORLANDO I	DERWOOD STREET	☐ Delete								Change	Addition	CB2E034 (5/00)
TITLE NAME	S YONFA, AL		☐ Defete	TITLE							Change	☐ Addition	8
STREET ADDRESS CITY-ST-ZIP		DERWOOD STREET		STREE	ET ADDRESS ST-ZIP								
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. hereby c	certify that the in	oformation supplied with th	□ Delete	TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY-	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	Section	119.07(3)(i),	Florida Statutes.	I further	Certify th	Change Change	Addition Addition	

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