2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 546964

1. Entity Name

JOSEPH J. DAVERSA, JR., M.D., P.A.



FILED Mar 19, 2003 8:00 am Secretary of State

03-19-2003 90136 028 ***150.00

Principal Place of 12368 S. W. 82N MIAMI FL 33156			12368	Mailing Address 12368 S. W. 82ND AVE. MIAMI FL 33156						**************************************		00 m m.d.s.	
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State				City & State				FEI Number 5	9-1766494			oplied For	
Zip Country			Zip	Zip Count			5.	Certificate of Sta	tus Desired		\$8.75 Add	ditional	
6. Name and Address of Current I				Registered Agent			7.	Name and Addr	ess of New R	egistered			
The second secon											_		
DAVERSA, JOSEPH J, JR				Street Address			Idroop (DO 1	Day Number is N	nt Assestable				
13705 SW 73 CT							Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL 33							·						
											Zip Cod	e	
						City			=	F	<u> </u>		
8. The above na the obligation		submits this statemer red agent.	nt for the purp	ose of changing its	registere	ed office or I	registered aç	gent, or both, in t	ne State of Flo	orida. Lan	n familiar with,	and accept	
SIGNATURE	gnature, typed or	printed name of registered as	gent and title if app	licable. (NOTE	: Registere	d Agent signatur	e required when	reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									Campaign Fin d Contribution	_		May Be I to Fees	
10.			ND DIRECTO	RS	11.		Al		IGES TO OFF	ICERS AN	ID DIRECTOR	S IN 11	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03

3052534218

Davtime Phone #

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