FILED

Mar 13, 2003 8:00 am Secretary of State

03-13-2003 90062 006 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

564943 1. Entity Name JULIO C. PITA, JR., M.D., P.A.



	.,								
Principal Place of Business 3659 SO MIAMI AVE STE 6008 MIAMI FL 33133		Mailing Address 3659 SO MIAMI AVE STE 6008 MIAMI FL 33133			1 	111 1 1 1111 11111 11111 11111 11111	Ifahi dibil diaji dibi	II BIB)I BIB)I (27 1	
US		US							
2. Principal Place of Business		3. Mailing Address	3. Mailing Address			41 0 0 1611 01010 10114 01060 6116 6	illik biblik diank bibli	! #1# 11 0 1011 1001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number	4. FEI Number 59-1793639		Applied For Not Applicable		
Zip	Country	Zip	Coun	ntry	5. Certificate of		\$8.75 A Fee Requi	dditional red	
6. Name	e and Address of Current			7. Name and Address of New Registered Agent					
	بداء د الجي بمنتسب	Name			سنست ساد ششارمه الماري المعاميس				
PITA, JULIO C JR 3659 S. MIAMI AVE.,	, SUITE 6008		Street Address			P.O. Box Number is Not Acceptable)			
MIAMI FL 33133									
	; 		;	City		-	FL Zip Co		
8. The above named enti- the obligations of regis	ty submits this statement for stered agent.	or the purpose of changing its	s registere	ed office or registere	ed agent, or both,	in the State of Florida. I	am familiar with	n, and accept	
SIGNATURE: 7									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00								^^ -	
After May 1, 2003 Fee will be \$550.00					1	tion Campaign Financing Fund Contribution.	+	00 May Be ed to Fees	
Make Check Payable to Florida Department of State									
TITLE P	OFFICERS AND		11.	<u></u>	ADDITIONS/CH	HANGES TO OFFICERS			
NAME PITA, JUL	IO C JR	☐ Delete	TITLE				☐ Change	Addition	
	120TH ST			ET ADDRESS					
CITY-ST-ZIP MIAMI FL			CITY-	-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS			NAME						
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
TITLE		☐ Delete			-			Andition	
NAME		L.J. Delete	TITLE NAME	l l			☐ Change	Addition	
STREET ADDRESS	, - 	The second secon		ET ADDRESS	· · ·				
CITY-ST-ZIP			CITY-	-ST-ZIP					
TITLE		☐ Delete	TITLE		·· -	· +	☐ Change	Addition	
NAME OTOGET ADDRESS			NAME	i					
STREET ADDRESS CITY-ST-ZIP				et address -St-Zip					
				·					
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS			4	ET ADDRESS				(
CITY-ST-ZIP				-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME			NAME	.					
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
I hereby certify that the	e information subNied with	n this filindidoes not qualify for	r the exen	notion stated in Sec	tion 119 07(3)(i) F	Florida Statutos, Lifurthor	cortific that the	Information	

in this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and faccurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supplemental report is true of the corporation or the receiver or trusted en pow changed, or on an attachment with any address, with

SIGNATURE:

Zuired ING OFFICER OR DIRECTOR

Daytime Phone #