2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # 565421 Mar 04, 2000 8:00 am 1. Entity Name **Secretary of State** A.L. TORRE, M.D., P.A. 03-04-2000 90042 039 ***150.00 Principal Place of Business Mailing Address 1106 PONCE DE LEON BOULEVARD 1106 PONCE DE LEON BOULEVARD CORAL GABLES FLORIDA 33134-3322 CORAL GABLES FLORIDA 33134 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1797663 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TORRE, AGUSTIN L., DR. Street Address (P.O. Box Number is Not Acceptable) 1106 PONCE DE LEON BLVD CORAL GABLES FL 33134 Zip Code City FL 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable -FILE-NOW!!!-FEE-IS_\$150.00-9. This corporation is eligible to satisfy its Intengible 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. 11. ☐ Delete Change ☐ Addition TITLE NAME TORRE, AGUSTIN L. NAME STREET ADDRESS 1106 PONCE DE LEON STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL ☐ Delete TITLE Change ☐ Addition TITLE NAME TORRE, LILLIAN NAME STREET ADDRESS STREET ADDRESS 1106 PONCE DE LEON CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL Change ☐ Addition TITLE ☐ Delete TITLE GONZALEZ, DELIA NAME NAME STREET ADDRESS STREET ADDRESS 1106 PONCE DE LEON CITY-ST-ZIP CITY-ST-7IP CORAL GABLES FL ☐ Addition ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE STREET ADDRESS REET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 if changed, or on an attachment with an address, with all other like empowered.

Agustin L. TORDE MI