2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

577069 **DOCUMENT #**

1. Entity Name

ANDRE F.A. JAWDE, M.D., P.A.



FILED Mar 12, 2003 8:00 am & Secretary of State 03-12-2003 90107 038 ***150.00

						WE TRUS					
Principal Place of Business 1401 CENTERVILLE RD #508 STE 709 TALL FL 32308			Mailing Address 1401 CENTERVILLE RD #508 STE 709 TALL EL 22209								
US			TALL FL 32308 US								
2. Principal Place of Business			3. Mailing Address				1				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			·	1 59F1828630 E				oplied For ot Applicable
Zip				Zip Cou		5.		Certificate of Status Desired		8.75 Add ee Require	
	6. Name	Registere	Registered Agent			7. Name and Address of New Registered Agent					
-	Andre F A NTERVILLE F 32308		· .		Name Street Address (P.O. Box Number is Not Acceptable)						
						City	•		FL	Zip Code	e
8. The above the obligate SIGNATURE	tions of registe	ered agent	[ad	لر	s registere	ed office or register	red age	ent, or both, in the State of Florida $3-11-$			and accept
	Signature, typed	or printed name of registered agent.	and title if appli	icable. (NOT	E: Registered	Agent signature required	when rei	instating)	DATE		
Afte	r May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of	State					Election Campaign Financ Trust Fund Contribution.	oing		0 May Be I to Fees
10.		OFFICERS AND	DIRECTOR	RS	11,		ADI	DITIONS/CHANGES TO OFFICE	RS AND (DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NDRE F A TERVILLE RD # 305 SEE FL 32308		☐ Delete		Į.				☐ Change	☐ Addition
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indicated	on tris report	or supplemental report is	true and a	ccurate and that n	nv sianatu	ire shall have the s	same le	19.07(3)(i), Florida Statutes. I fur gal effect as if made under oath a Statutes; and that my name ap	· that I am	an officer of	or director

SIGNATURE:

SICHARURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR