2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

785 CRANDON BLVD

CLUB TOWER II #904

3. Mailing Address

City & State

Zip

6. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

KEY BISCAYNE FL 33149

592205 DOCUMENT

1. Entity Name

Principal Place of Business

2. Principal Place of Business

PENA, CONSTANTINO E.

3663 S. MIAMI AVENUE **MIAMI FL 33133**

the obligations of registered ager

785 CRANDON BLVD

CLUB TOWER II #904 KEY BISCAYNE FL 33149

Suite, Apt. #, etc.

City & State

CONSTANTINO E. PENA, M.D., P.A.

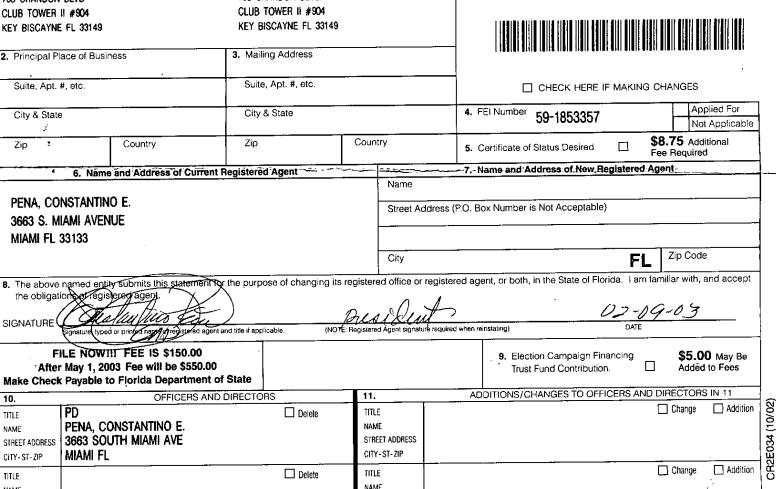
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FILED Feb 12, 2003 8:00 am Secretary of State

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|---------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------|------------------------------|---------------------------------------------------------------------------------------|----------|------------|
| SIGNATURE (                           | Signature typed or printed naged directisted agent and title if app                                          | licable. (NOTE | : Registered Agent signature                   | e required when reinstating) | DATE                                                                                  |          |            |
| Afte                                  | ILE NOWIII FEE IS \$150.00<br>r May 1, 2003 Fee will be \$550.00<br>c Payable to Florida Department of State |                |                                                | ` Trust Fund                 | 9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees |          |            |
| 10. OFFICERS AND DIRECTORS            |                                                                                                              |                | 11.                                            |                              |                                                                                       |          |            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD<br>PENA, CONSTANTINO E.<br>3663 SOUTH MIAMI AVE<br>MIAMI FL                                               | ☐ Delete       | TITLE NAME STREET ADDRESS CITY-ST-ZIP          |                              |                                                                                       | Change   | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                                                                                              | ☐ Delete       | TITLE NAME STREET ADDRESS CITY-ST-ZIP          |                              |                                                                                       | ☐ Change | Addition   |
| NAME STREET ADDRESS CITY-ST-ZIP       |                                                                                                              | Delote         | NAME STREET ADDRESS CITY-ST-ZIP                |                              |                                                                                       | : Change | Addition.  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                                                                                              | ☐ Delete       | TITLE NAME STREET ADDRESS CITY-ST-ZIP          |                              |                                                                                       | ☐ Change | Addition   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                                                                                              | . Delete       | TITLE<br>NAMÉ<br>STREET ADDRESS<br>CITY-ST-ZIP |                              |                                                                                       | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                                                                                              | ☐ Delete       | TITLE NAME STREET ADDRESS CITY-ST-ZIP          |                              |                                                                                       | Change   | Addition   |

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 an other like empowered.