## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** 593270



FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90200 032 \*\*\*150.00

MARCOS BARROCAS, M.D., P.A.			
Principal Place of Business MERCY PROFESSIONAL BLDG.	Mailing Address MERCY PROFESSIONAL BLDG.		

Principal Place of MERCY PROFESS 3661 S. MIAMI AI MIAMI FL 33133	SIONAL BLDG.	Mailing Address  MERCY PROFESSIONAL BLDG. 3661 S. MIAMI AVE. STE. 906  MIAMI FL 33133							
2. Principal Place of Business  Suite, Apt. #, etc.  City & State		3. Mailing Address  Suite, Apt. #, etc.  City & State							
						Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 59-1858814 Not Applicable

DATE

\$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent

BARROCAS, MARCOS,. M.D. 3661 S. MIAMI AVE. STE. 906 **MIAMI FL 33133** 

6. Name and Address of Current Registered Agent

Name	•			
-Street Address (P.O.,E	ox.Number is Not Acceptable)			•
	<del></del>	<del></del> -	V.,	<del></del>
City		FL	Zip Code	

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. I am familiar with, and accept the obligations of registered agent. 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 After May 1, 2003 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Checi	k Payable to Florida Department of State				Trust Fund Contribution.		d to Fees
10.	OFFICERS AND DIRECTO	RS	11.	ADD	OITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS 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. I further certify that the information of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this report as required by Chapter 607, Florida Statutes. as if made under oath; that I am an officer or director at that my name appears in Block 10 or Block 11 if

SIGNATURE: