2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

603111 DOCUMENT

1. Entity Name

JUAN R. BOLET, M.D., P.A.



FILED Jan 14, 2003 8:00 am Secretary of State

01-14-2003 90056 026 ***158.75

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| Principal Place of Business 3661 S. MIMAI AVE SUITE 1003 MIAMI FL 33133 | | 366 | ing Address 61 S. MIMAI AVE Si AMI FL 33133 | UITE 1003 | <u> </u> | | | | 12 1 334 11 14 | 81 81847 6 | 1814 BIBIN #14 | MI ava ki a vadi Jaga |
| 2. Principal | Place of Business | 3. Ma | ailing Address | | <u></u> | _ | | | | | | |
| Suite, Apt. #, etc. | | Su | Suite, Apt. #, etc. | | | - | | CHECK HE | DE 15 14 | 41/11/0 | allano. | _ |
| City & Sta | ate | Cit | y & State | | - | 4. FEIN | li mala a - | | | AKING | | Applied For |
| Zip | Country | Zip | | | · · · · · · · · · · · · · · · · · · · | ¥ (C) | 10111001 | 59-13599 | 909 | | - | Not Applicable |
| <u> </u> | | | _ | Count | iry | 5 Certi | ficate-of-St | atus-Desire | d | R | 8.75.A | dditional red |
| | 6. Name and Address of Cur | rent Register | red Agent | | | 7. Nam | e and Add | ress of Ne | w Regist | tered A | gent | · |
| BOLET. | JUAN R., M.D., P.A. | | | | Name | | | 1 | <u></u> | | <u>v-</u> | · · · · · · · · · · · · · · · · · · · |
| 3661 S. I | MIAMI AVE., SUITE 1003 | | | | Street Address | (P.O. Box N | lumber is N | lot Accepta | able) | | | |
| Miami Fl | L 33133 | | | | | - | | | | | 11. | |
| | | | | ĺ | City | | | | | FL | Zip Co | |
| The above the obligate | e named entity submits this stateme tions of registered agent. | ent for the purp | oose of changing its | registere | d office or registe | ered agent, o | or both, in t | he State of | Florida. | I am fa | .1 <u>.</u> miliar with | , and accept |
| SIGNATURE . | 5 | | | | | | | | | | | |
| SIGNATURE . | | | | | | | | | | | | |
| OIGNATURE : | Signature, typed or printed name of registered | agent and title if app | plicable. (NOT | E: Registered | Agent signature require | ed when reinstatin | ng) | | | DATE | | |
| | Signature, typed or printed name of registered | | plicable. (NOT | E: Registered | Agent signature require | d when reinstatir | ng) | | - (| DATE | <u> </u> | |
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SONO THE DIRED

Daytime Phone #