

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90246 007 ***150.00

DOCUMENT # 603974

1. Entity Name
JUAN R. CANALS M.D. PA



Principal Place of Business
**1680 MICHIGAN AVE
SUITE 816
MIAMI FL 33139**

Mailing Address
**1680 MICHIGAN AVE
SUITE 816
MIAMI FL 33139**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1111 Lincoln Road

3. Mailing Address
1111 Lincoln Road

Suite, Apt. #, etc.
Suite 375

Suite, Apt. #, etc.
Suite 375

City & State
Miami Beach, FL

City & State
Miami Beach, FL

4. FEI Number **59-1438865**

Applied For
Not Applicable

Zip
33139

Country

Zip
33139

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CANALS, JUAN R., M.D.

~~1680 MICHIGAN AVE~~ **1111 Lincoln Road, Ste. 375**

~~STE 816~~

~~MIAMI FL 33139~~ **Miami Beach, FL 33139**

Name

Street Address (P.O. Box Number is Not Acceptable)

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 _____
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDS
CANALS, JUAN R.
1680 MICHIGAN AVE SUITE 816
MIAMI BEACH FL 33139**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1111 Lincoln Road, Ste. 375
Miami Beach, FL 33139**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
RUBI, MARIA
8450 SW 27TH LANE
MIAMI FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

JUAN R. CANALS

SIGNATURE:

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

2/10/2003

305-538-5336

Date

Daytime Phone #

CR2E034 (10/02)