2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

604439 DOCUMENT

1. Entity Name

DIMINO, ZELLNER & LOPEZ-BEECHAM, M.D., P.A.



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90175 023 ***150.00

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Principal Place of Business 9595 NORTH KENDALL DRIVE SUITE 103 MIAMI FL 33176		Mailing Address 9595 NORTH KENDALL DRIVE SUITE 103 MIAMI FL 33176								ilan a an a a	
Principal Place of Business 3. Mailing Address							 				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES						
City & State		City & State			4. FEI Number 59-1469922 Applied For						
Country	Zip Coun		try					\$8.75 Additional			
0: Name and Address of Current f		Registered Agent							' I		
			Name		1 112110 0110	,	<u> </u>	gistered A	Jen		
ZELLNER, JASON M 9595 N. KENDALL DR., SUITE 103			Street Addres			s (P.O. Box Number is Not Acceptable)					
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			City					FL	1		
bmits this statement for diagent.	the purpose of changing its	registere	ed office or re	egistered	agent, or bot	th, in the St	ate of Florid	da. I am fa	miliar with	and accept	
inted name of registered agent an	d title if applicable. (NOTE	E: Registered	J Agent signature	required whe	en reinstating)			DATE			
ee will be \$550.00	State							ncing		00 May Be d to Fees	
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	Country d Address of Current R SUITE 103 bmits this statement for d agent. inted name of registered agent and received the second of the s	SUITE 103 MIAMI FL 33176 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip d Address of Current Registered Agent SUITE 103 Delete Country City & State Country Ci	SUITE 103 MIAMI FL 33176 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip Country Zip Country Zip Country SUITE 103 Country Zip Country Address of Current Registered Agent Country Country	SUITE 103 Suite, Apt. #, etc.	SSS MORTH KENDALL DRIVE SUITE 103 3. Mailling Address Suite, Apt. #, etc. City & State Country Zip Country Zip Country Address of Current Registered Agent Name Street Address (P.C. City Suite to registered office or registered agent and take if applicable. CEE IS \$150.00 Fee will be \$550.00 orida Department of State OFFICERS AND DIRECTORS SON MATTHEW KENDALL DR Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP MAS J. KENDALL DR Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP	SSS NORTH KENDALL DRIVE SUITE 103 MIAMI FL 33178 Suite, Apt. #, etc. City & State City Country Zip Country Zip Country Zip Country Street Address of Current Registered Agent Name Street Address (P.O. Box Numbre) City Dimits this statement for the purpose of changing its registered office or registered agent, or bot agent. International agent International agent International agent OFFICERS AND DIRECTORS SON MATTHEW KENDALL DR AAS J. KENDALL DR Delete MAS J. KENDALL DR Delete MAS J. KENDALL DR Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP DELET TITLE NAME STREET ADDRESS CITY-ST-ZIP DELET TITLE NAME	SUITE 103 Suite, Apt. #, etc. Check City & State Country S. Certificate of Status II Country Zip Country S. Certificate of Status II City & State Country S. Certificate of Status II City & State Country S. Certificate of Status II Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Act of Address of Current Registered Agent Street Address (P.O. Box Number is Not Act of Address III) City City Street Address (P.O. Box Number is Not Act of Address III) Street Address (P.O. Box Number is Not Act of Agent III III	Sign Address Suite Delete State Sign Address City & State State	SSS NORTH REMAIL DRIVE SUITE 103 Suite, Apt. #, etc. CHECK HERE IF MAKING.	SSS NORTH KENDALL DRIVE SUITE 103 MAMI FL 33176 3. Mailing Address Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 59-1469922 A No. Country Zip Country 5. Certificate of Status Desired S8.75 at A Name Shreet Address of Current Registered Agent No. Street Address of Current Registered Agent No. City FL Zip Coc City	

I hereby certify that the information supplied with this filling 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 agreement 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.

SIGNATURE:

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

Date

Daytime Phone #