

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90074 012 ***150.00

DOCUMENT # 661630

1. Entity Name

MIAMI MEDICAL CONSULTANTS, P.A.



Principal Place of Business

1200 S.W. 2ND AVENUE
C/O EDWARD E. CAVA
MIAMI FL 33130

Mailing Address

1200 S.W. 2ND AVENUE
C/O EDWARD E. CAVA
MIAMI FL 33130

90004438



2. Principal Place of Business

4950 LeJeune Rd
Suite, Apt. #, etc.
H

3. Mailing Address

4950 LeJeune Rd
Suite, Apt. #, etc.
H

☒ CHECK HERE IF MAKING CHANGES

City & State

Coral Gables, FL

City & State

Coral Gables, FL

4. FEI Number

59-1988093

Applied For

Not Applicable

Zip

33155

Country

USA

Zip

33155

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAVA, ROBERT
1200 SW 2ND AVE.
MIAMI, FL EFL 33130

7. Name and Address of New Registered Agent

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

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | CAVA, ROBERT | |
| STREET ADDRESS | 1200 S.W. 2ND AVE. | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------|--|
| TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Cava, Robert | |
| STREET ADDRESS | 4950 LeJeune Rd #H | |
| CITY-ST-ZIP | Coral Gables, FL 33146 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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.

SIGNATURE:

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

1/13/03

Date

(305) 669-0690

Daytime Phone

CR2E034 (10/02)