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

## **DOCUMENT #** F07535

1. Entity Name

**SIGNATURE:** 

COQUIS & BARRERO, M.D., P.A.



## **FILED** Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90272 032 \*\*\*158.75

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Principal Place of Business 1971 E. COMMERCIAL BLVD. SUITE 201 FORT LAUDERDALE FL 33308			Mailing Address 1971 E. COMMERCIAL BLVD. SUITE 201 FORT LAUDERDALE FL 33308				TINES INIK CONTA KÖREN SINEN	I (AJO) BANA BANA ON		BARA DIDIK ADRI
2. Principal F	Place of Busine	ss	3. Mailing Addre	ess		-				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			-	☐ CHECK HER	E IE MAKING	CHANGE	3
City & State			City & State			4. FEI Number 59-2035167. Applied For				
Zip Country		Zip Count		ntry	5. Certification	5. Certificate of Status Desired \$8.75 Additional		lot Applicable		
6. Name and Address of Current			Registered Agent		T	Fee Required 7. Name and Address of New Registered Agent				
			,	<del></del>	Name	7. Name a	ind Address of New	Hegistered A	gent	
rumin, el	DWARD R									
2720 E 0/ STE 106	akland par	k blvd			Street Address	(P.O. Box Nun	nber is Not Acceptat	ole)		
FT LAUDERDALE FL 33306					City		<del></del> .	FL	Zip Co	de
8. The above	named entity	submits this statement fo	or the purpose of char	naina its register	ed office or registe	and agent or i	both in the State of F			
the obligati	tions of register	ed agent.	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	gg no rog.o.o.	ou office of registe	red agent, or i	boar, ar the state of r	nonda. Tam ta	amıllar with	, and accept
SIGNATURE _										
		printed name of registered agent								
	Signature, typed or	printed harne or registered agent	and title if applicable.	(NOTE: Registere	d Agent signature require	d when reinstating)		DATE		
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