FILED Aug 07, 2003 8:00 am Secretary of State

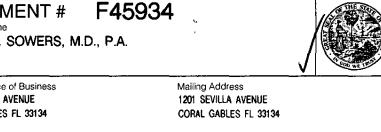
08-07-2003 90123 029 ***550.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

JORGE J. SOWERS, M.D., P.A.



Principal Place of Business 1201 SEVILLA AVENUE CORAL GABLES FL 33134		Mailing Address 1201 SEVILLA AVENUE CORAL GABLES FL 33134		
2. 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 59-2118737 Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registered Agent
			Name	
SOWERS, JORGE J., M.D. 1201 SEVILLA AVENUE		•	Street Addres	ss (P.O. Box Number is Not Acceptable)
CORAL G	ABLES FL 33134		City	□ Zip Code
		·	·	FL '
the obligates	tions of registered at ent.	W)	S registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department		್ ತಿಹಾಗ್ ಸೃಜ್ಞಾ ಕ್ಷಮಿಕ್ ಕ್ಷಮಿಕ್	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS ANI	O DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOWERS, JORGE J. 1201 SEVILLA AVENUE CORAL GABLES FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change * ☐ Addition

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 trusted empty ered 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 actives. I further certify that the information indicated on this report or supplemental report is grue 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 trusted empty ered 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 active state.

SIGNATURE:

WHE GOTTED SIGNATURE AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR