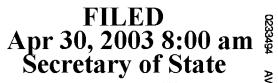
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) F80864 **DOCUMENT #**



IGNACIO L. FLEITES, M.D., P.A.							04-30-2003 90031 037 *** 130.00				
Principal Place of Business 2601 S.W. 37TH AVE STE 804 MIAMI FL 33133 US			Mailing Address 3663 S.W. 8TH ST STE 210 MIAMI FL 33135 US								
2. Principal Place of Business			3. Mailing Address				1	) 1881188 1181 18111 BRIGHT 18118 B1111 B1			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State			4.		El Number 59-2193567			oplied For ot Applicable
Zip		Country	Zip		Cour	ntry	<b>5.</b> C	Certificate of Status Desired		\$8.75 Add	
	6. Name	and Address of Current	Register	ed Agent			7. N	lame and Address of New Reg	stered /	gent	
				-	- 2	>Name					
•	MARCOS A					Street Address (P.O. Box Number is Not Acceptable)					
3663 S.W	. 8TH STRE	ET., STE 210				0.1001710000					<u> </u>
MIAMI FL	33135					i					
				•		City			FL	Zip Cod	e
	itions of regist			,		ed office or register		ent, or both, in the State of Florid	a. I am f	amiliar with,	and accept
Afte Mai Chec	r May 1, 200	FEE IS \$150.00 Florida Department of						Election Campaign Financ Trust Fund Contribution.		Added	May Be I to Fees
10.	PD	OFFICERS AND	DIRECTO		11.		ADI	DITIONS/CHANGES TO OFFICE	HS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FLEITES, I	Gnacio L MD 37th ave., Ste 804 33133		Delete .		L L				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•	□ Delete		l l	<del></del> -			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		Delete .		i	:			☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		☐ Delete			<u> </u>			Change	Addition
ITLE NAME STREET ADDRESS				☐ Delete	TITLE NAME STREE	E .				Change	Addition

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

Daytime Phone #