2003 FOR PROFIT CORPORATION

UN	003 FOR PROF	ESS REPOF	RATION RT (UBR)	FILE Jul 16, 2003 Secretary	8 8:00 am
1. Entity Nam	MENT # F9824 M. CARRION, M.D., P.A.	18 . ()		07-16-2003 90039	
Principal Place of Business 1321 NW 14TH ST., SUITE 600 MIAMI FL 33125		Mailing Address 1321 NW 14TH ST., SUITE 600 MIAMI FL 33125			
2. Principal Place of Business		3. Mailing Address		T (SOLIDOR BILO (DIDA PARIO I I DIA DIAUK TARI DIA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 59-2219489	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Curren	Registered Agent	Name	7. Name and Address of New Registere	ed Agent
1321 NW	, HERNAN M., MD 14TH ST	Street Address		P.O. Box Number is Not Acceptable)	
STE 600 MIAMI FL 33125		City		F	Zip Code
	named entity submits this statement factors of registered agent.	or the purpose of changing it	ts registered office or regist	ered agent, or both, in the State of Florida. I a	m famillar with, and accept
SIGNATURE .	Signature, typed or printed name of registered agen	and title if applicable. (NO	TE: Registered Agent signature requi	red when reinstating) DAT	Ε
After Se	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$756 k Payable to Florida Department c			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10. 3	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS A	
NAME STREET ADDRESS CITY-ST-ZIP	PD , CARRION, HERNAN M., MD 1321 NW 14TH ST., #600 MIAMI 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		—□-Dslete···-	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
of the cor	on this report or supplemental report i	s true and accurate and that owered to execute this repor	my signature shall have the t as required by Chapter 60	Section 119.07(3)(i), Florida Statutes. I further a same legal effect as if made under oath; that 07, Florida Statutes; and that my name appear	Lam an officer or director L
SIGNAT	URE:	PRINTED NAME OF SIGNING OFFICER	RIED	7-11.0 3 Date	Daytima Phone #

Jack Taraboulos

Accountant

11420 SW 109 Road! Miami, Florida 33176! (305) 271-4360

90143400

July 9, 2003

F98248

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Re: Hernan M. Carrion M.D., P.A.

FEI# 59-2219489 Document # F 98248

The above Corporation is a medical office that is located in Cedars of Lebanon Hospital Professional Center. In many instances the mail is not delivered on time or even lost. The client did not receive the corporate annual renewal to file on timely basis. The client was not aware that the Corporate annual report was not filed until he received the second notice from the Division of Corporations.

We are filling the renewal at this time and respectfully request an abatement of the late filing fees.

Sincerely yours,

Jack Taraboulos

Accountant