FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91466 046 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G45146

1. Entity Name
LOGUN AND MARTINEZ, INC. ✓

Principal Place of Business	Mailing Address
7100 W 20TH AVE STE 706 HIALEAH, FL 33016	7100 W 20TH AVE STE 706 HIALEAH, FL 33016

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
7240 S. PRESTWICK PL.		7240 S. PRESTWICK PL.	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI LAKES, FL.		City & State: MIAMI LAKES, FL	
Zip: 33014	Country: DADE	Zip: 33014	Country: DADE

4. FEI Number: 59-2038156 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARTINEZ, HUBERT G 7100 W 20TH AVE STE. 706 HIALEAH, FL 33016	Name: HUBERT G. MARTINEZ, M.D. Street Address (P.O. Box Number is Not Acceptable): 7240 S. PRESTWICK PL. City: MIAMI LAKES FL Zip Code: 33014

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] 3-03-03
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LOGUN, ALBERT G.		NAME		
STREET ADDRESS	6740 S.W. 122 DR.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP		
TITLE	STD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MARTINEZ, HUBERT G.		NAME		
STREET ADDRESS	7240 S. PRESTWICK PLACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES, FL 33014		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: [signature] 3-03-03 305-823-4966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #