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

## **DOCUMENT # G45949**

1. Entity Name

**SIGNATURE:** 

LUIS GINORIS, M.D., P.A.



## FILED Mar 05, 2003 8:00 am Secretary of State

03-05-2003 90054 028 \*\*\*150.00

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Principal Place of Business 315 WEST 49 ST 200 W. 49 ST SUITE-B HIALEAH FL 33012 US				Mailing Address -315 WEST 49 ST - QOO W. 49 ST -SUITE B HIALEAH FL 33012 US							### A PART			
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Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
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6. Name and Address of Current F				egistered A	lgent				me and Addı	ress of N	ew Reg	istered Aç	ent	
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DELGADO, OSCAR J., ESQ. 1140 WEST 50TH ST.						Street A	Address (P	P.O. Box	Number is N	ot Accep	table)			
SUITE 203	1													
HIALEAH FL 33012						City						FL	Zip Cod	le
8. The above	named entity	y submits thi	is statement for	the purpose	of changing its re	gistered office o	r registere	ed agent	t, or both, in t	he State	of Florid	a. I am fa	niliar with,	and accept
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01011471100														
SIGNATURE .	Signature, typed	or printed name	of registered agent an	d title if applicab	le. (NÔTE: R	Registered Agent signa	ture required v	when reinst	tating)			DATE		<del></del>
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indicated of the cor	on this repor poration or th	t or supplem e receiver o	iental report is tr	ue and acc ered to exe	es not qualify for th urate and that my cute this report as ke empowered.	signature shall b	have the sa	ame lea:	al effect as if	made un	rder oath	n that Łam	an officer Block 10 or	or director