

2010 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **R 58628**
 1. Entity Name
ANSELMO M MENDIVE, MD PA



FILED
 10 SEP -2 PM 2:59
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

Principal Place of Business Mailing Address
**4601 NW 199 St
 Miami, FL 33055**

2. Principal Place of Business
 Same as above
 Suite, Apt. #, etc.
 City & State
 Miami, FL
 Zip Country
 33055 USA

4. FEI Number
65-0131596
 Applied For
 Not Applied For
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**AG CORPORATE SERVICES, LLC
 5805 Blue Lagoon Dr, # 200
 Miami, FL 33126**

7. Name and Address of New Registered Agent
 Name
Anselmo M Mendive
 Street Address (P.O. Box Number is Not Acceptable)
4601 Nw 199 St
 City
Miami, FL 33055 FL Zip Code

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 *Anselmo M Mendive* Sept 1, 2010
(Signature typed or printed name of registered agent and title if applicable) (TITLE: Registered Agent or other appropriate alternate title)



9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC ANSELMO M MENDIVE 3130 SW 109 Ct Miami, FL 33165 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 11):	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add 40012501-9744 09/02/10--01085-003 #461.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Anselmo M Mendive* SIGNATURE REQUIRED Sept 1, 2010 *9/1/10*