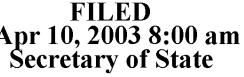
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT# K	34793	
MERCEDES L. LOPEZ, PH.D.	., P.A.	
Principal Place of Business is31 DRIFTWOOD DR IUDSON FL 34667	Mailing Address 6531 DRIFTWOOD DR HUDSON FL 34667	

FILED Apr 10, 2003 8:00 am Secretary of State 04-10-2003 90071 010 \*\*\*150.00



MENOEDI	LO E. LOPEZ, PH.D., P.A.							
Principal Place of Business 6531 DRIFTWOOD DR 6531 DRIFTWOOD DR HUDSON FL 34667 US  Mailing Address 6531 DRIFTWOOD DR HUDSON FL 34667 US			WOOD DR					
2. Principal F	Place of Business	3. Mailing A	Address		- - 		<b></b>	
Suite, Apt.	#, etc.	Suite, Ap	t. #, etc.		CHECK HE	RE IF MAKING CHA	NGES	
City & State City & State		te 4		4. FEI Number 58-184030	)1	Applied For Not Applicable		
Zip	Country	Zip		Country	5. Certificate of Status Desire		5 Additional Required	
	6. Name and Address of Currer	t Registered Ag	jent		7. Name and Address of Ne			
		<u>-</u>		Name				
OSTMAN, 610 WEST	ELLEN D. Waters ave.			Street Address (I	P.O. Box Number is Not Accepta	able)		
SUITE 1					<del></del>	,		
TAMPA FL	33604			City		FL Z	p Code	
	named entity submits this statement ions of registered agent. Signalus registered age			istered office or register		f Florida. I am familia	r with, and accept	
Afte Make Chec	ILE NOW!!! FEE IS \$150.00 r May 1,2003 Fee will be \$550.00 k Payable to Florida Department	of State			9. Election Campaign Trust Fund Contrib	ution.	\$5.00 May Be Added to Fees	
10.	OFFICERS ANI			11.	ADDITIONS/CHANGES TO C			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LOPEZ, MERCEDES L. 6531 DRIFTWOOD DR HUDSON FL 34667		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		c	hange 🔲 Addition	
TITLE NAME Street Address City-St-Zip			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		c	hange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	and the speciment of the transfer of		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	tn	Cl Cl	hange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		c	hange 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		CI	hange 🗀 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	portify that the information supplied wi	,	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-N 440 07(0)(2) El	□ CI		

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: WIND AND TYPED OF PRINTENAME OF SIGNING OFFICER OR DIRECTOR