2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

K91838 DOCUMENT

1. Entity Nan		DES PH.D., P.A.							04-1	8-2003	90170	023 **	**150	00	
Principal Place of Business 9551 SW 56 COURT CORAL GABLES FL 33156 US			9551	Mailing Address 9551 SW 56 COURT CORAL GABLES FL 33156 US											
2. Principal Place of Business			3. Mai	3. Mailing Address				1						<u> </u>	
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES							
City & State			City	City & State			4. FEI Number			128420	 _			plied For t Applicable	
Zip		Country	Zip		Country		5					\$8.75 Additional Fee Required			
	6. Name	and Address of Current	Registere	ed Agent	- 1		7	Name ar	nd Address	of New F	legistere	d Ageni			1
		<u></u>				Name			-						7
VALDES, ORLANDO J. 9551 SW 56 COURT						Street Addr	lress (P.O	Box Num	ber is Not A	cceptable	e)				\dashv
		10456													-
CORAL G	SABLES FL 3	130			<u> </u>										4
		•				City						_	ip Code		
									and the state of			6 91			
8. The above	e named entity	submits this statement for	or the purp	ose of changing its re	egistered	office or reg	egistered a	agent, or b	otn, in the S	State of Flo	orida. La	m tamilia	ar with,	and accept	
8. The above the obligat	e named entity tions of registe	submits this statement for ered agent.	or the purp	ose of changing its re				,						and accept	
8. The above the obligat SIGNATURE	itions of registe	ered agent. lam de 0 - V	eld,		D.	RLAI	U 00 -	<u>√,√</u>			4-1	5-0		and accept	
the obligat	Signature, typed	ered agent.	eld,		D.		U 00 -	<u>√,√</u>				5-0		and accept	
the obligated SIGNATURE F Afte	Signature, typed	or printed name of glistered agent FEE IS \$150.00 Fee will be \$550.00	and title if app		D.	RLAI	U 00 -	n reinstating)		mpaign Fir	d-1 DATE	5-0	\$5.0	May Be to Fees	
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12. Thereby 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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

301-266-0284

FILED

Apr 18, 2003 8:00 am Secretary of State