

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90843 015 ***150.00

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☒ CHECK HERE IF MAKING CHANGES

DOCUMENT # L04612	
1. Entity Name ERNESTO VALDES, M. D., P. A.	

Principal Place of Business 7804 SW 57 TERRACE MIAMI FL 33143	Mailing Address 7804 SW 57 TERRACE MIAMI FL 33143
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2. Principal Place of Business 1235 MARIDIA COURT Suite, Apt. #, etc. CORAL GABLES, FLORIDA City & State	3. Mailing Address 1235 MARIDIA COURT Suite, Apt. #, etc. CORAL GABLES, FL City & State
Zip 33134 Country U.S.A.	Zip 33134 Country USA

4. FEI Number 65-0246091	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VALDES, ERNESTO A ESQ. 2725 SW 95TH COURT MIAMI FL 33165

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 <i>Ernesto Valdes</i> DATE 1/8/03 <small>(NOTE: Registered Agent signature required when reinstating)</small>

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 <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.
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10. OFFICERS AND DIRECTORS	
TITLE PD NAME VALDES, ERNESTO M.D. STREET ADDRESS 7804 SW 57 TERRACE CITY-ST-ZIP MIAMI FL 33143 <input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME ERNESTO VALDES, MD STREET ADDRESS 1235 MARIDIA COURT CITY-ST-ZIP CORAL GABLES, FL 33134 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 persons empowered.
SIGNATURE: <i>Ernesto Valdes</i> 1/8/03 (305) 662-9195 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>

CR2E034 (10/02)