

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

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91475 004 ***150.00

DOCUMENT # L41948
1. Entity Name
ROSENDO V. DE ROSADA MEDICAL OFFICE, Corp

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
615 S.W. 57 AVE
Suite, Apt. #, etc.
City & State
MIAMI, FL
Zip
33144-3970 Country USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
65-0176474 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
DE ROSADA, ROSENDO VALDES
Street Address (P.O. Box Number is Not Acceptable)
9620 S.W. 58 ST
City MIAMI FL Zip Code 33125

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			
TITLE	<u>PTD</u>	TITLE	
NAME	<u>DE ROSADA, ROSENDO V.</u>	NAME	
STREET ADDRESS	<u>9620 S.W. 58TH ST</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>MIAMI, FL</u>	CITY-ST-ZIP	
TITLE	<u>SD</u>	TITLE	
NAME	<u>DE ROSADA, ILIANA VALDES</u>	NAME	
STREET ADDRESS	<u>9620 S.W. 58TH ST</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>MIAMI, FL</u>	CITY-ST-ZIP	
TITLE		TITLE	DO NOT WRITE IN THIS SPACE
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: D. J. [Signature] R.V. De Rosada 4/23/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #