

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED

04 JUL -7 PM 3: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L45697**

1. Entity Name
A.V.F. MEDICAL SERVICES PA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1900 NW 68th ST

Suite, Apt. #, etc.

3. Mailing Address
SAME AS 2

Suite, Apt. #, etc.

54059559
03-04
DO NOT WRITE IN THIS SPACE

City & State
HIALEAH, FL

City & State

4. FEI Number **65-0172286**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$3.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **AMAURY FUENTES M.D.**

Street Address (P.O. Box Number is Not Acceptable)
1990 NW 173 DR

City **HIALEAH** FL Zip Code **33018**

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 tendering with, and accept, the obligations of registered agent.

SIGNATURE: **X** **AMAURY FUENTES MD - Pres.** **6/23/07**

Signature, typed or printed name of registered agent and step 7 applicant. (NOTE: Registered Agents registered in other states must register in Florida.)

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$250.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE PRESIDENT	NAME AMAURY FUENTES, M.D.	04-03-03 01028 001 # 750.00
STREET ADDRESS 1990 NW 173 DR	CITY-ST-ZIP HIALEAH, FL 33018	04-03-03 01028 002 \$ 150.00
TITLE	NAME	DO NOT WRITE IN THIS SPACE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **X** **AMAURY FUENTES MD - Pres** **6/23/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2004B (12/02)

Attachment

574059559

A.V.F. Medical Services
P.A.

1949 W 68 ST
HIALEAH ; FL. 33014

June 23, 2004

DIV. OF CORPORATIONS,
P.O. BOX 6327
TALLAHASSEE, FL. 32314

RE: DOC L45697

GENTLEMEN:

Today, checking on the internet the status of our Corp. we found out that is listed as inactive since 1998.

On 8/30/03 we sent you ck# 4710 for \$750.00 (See attached copy) to reinstate the Corporation and on 8/16/2003 we sent you our ck # 4706 for \$150.00 for the annual report fee (see attached copy)

The mailing address shown on your files is the old one since we have moved, the new one is 1949 W 68th ST, Hialeah, FL. 33014 (See attached copy of the Report). Probably this is the reason for not receiving your correspondence. We have not received the Post Card with the instructions for filing the 2004 UBR.

~~Please find enclosed ck for \$150.00 for the 2004 UBR with the Form and waive any penalty if possible due to the above mentioned circumstances.~~

Would you please check our status and let us know at your earliest convenience.

Sincerely,

A.V.F. MEDICALS SERVICES PA.

X 

By, Amaury Fuentes M.D.

President