

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-13-2003 90665 020 ***150.00

DOCUMENT # L52386

1. Entity Name

ALEJANDRO LOYNAZ, M.D., P.A.



Principal Place of Business

2601 S.W. 37 AVE.
STE. ~~002~~ 904
MIAMI FL 33133
US

Mailing Address

2601 S.W. 37 AVE.
STE. ~~002~~ 904
CORAL GABLES FL 33133
US

2. Principal Place of Business

2601 SW 37 Ave

3. Mailing Address

2601 SW 37 Ave

Suite, Apt. #, etc.

904

Suite, Apt. #, etc.

904

City & State

Miami, FL

City & State

Miami, FL

Zip

33133

Country

U.S.A.

Zip

33133

Country

USA

4. FEI Number

65-0177346

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BORRON, JORGE
255 UNIVERSITY DRIVE
CORAL GABLES FL 33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LOYNAZ, ALEJANDRO, M.D.
2601 S.W. 37 AVE., STE. ~~002~~ 904
MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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 like empowered.

SIGNATURE: ✓

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/03

Date

(305) 774-0277

Daytime Phone #

CR2E034 (10/02)