2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L79035

1. Entity Name

JORGE L. CARDENAS-ZITO, M.D., P.A.



FILED Mar 07, 2003 8:00 am § Secretary of State

03-07-2003 90087 037 ***150.00



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Principal Place of Business ** JORGE L. CARDENAS-ZITO 4999 W 8TH AVE. SUITE 22 HIALEAH FL 33012		Mailing Address % JORGE L. CARDENAS-ZITO 4999 W 8TH AVE. SUITE 22 HIALEAH FL 33012				. 1884 - 1881 - 1888 - 1884 - 1888 - 1888 - 1888 - 1888 - 1888 - 1888 - 1888 - 1888 - 1888 - 1888 - 1888 - 18		1818 B1011 1801	
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Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. FEI Number 65-0196230		pplied For ot Applicable	
Zip Country			Zip Country		5. Certificate of Status Desired See Required			ditional	
6. Name and Address of Current			Registered Agent						
				Name	77 (10110-0110-74	adiooc of How Hogicals	rea Agent		
S-ZITO. JORG	E L.								
4999 W 8TH AVE			Street Address			(P.O. Box Number is Not Acceptable)			
II AVE						**			
L 33012						•	· — I		
named entity s ions of register	ubmits this statement fo ed agent.	r the purpose of char	nging its register	ed office or regist	tered agent, or both,	in the State of Florida. I	am familiar with,	and accept	
Signature, typed or p	printed name of registered agent	and title if applicable.	(NOTE: Registere	d Agent signature requii	red when reinstating)	D/	ATE		
		State	- ÷		l l		_ +0.0	0 May Be to Fees	
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ertify that the in	formation supplied with	this filing does not a	CITY-	ST-ZIP	Section 119 07/3/i) E	ilorida Statuton I furthor	gostifu that the la		
	ARDENAS-ZITO VE. SUITE 22 3012 Place of Business #, etc. e 6. Name and S-ZITO, JORG H AVE L 33012 named entity s ions of registers Signature, typed or s ILE NOW!!! May 1, 2003 Payable to F D CARDENAS-Z 4999 W 8TH HIALEAH FL	ARDENAS-ZITO VE. SUITE 22 3012 Place of Business #, etc. e Country 6. Name and Address of Current S-ZITO, JORGE L. H AVE 6. As a submits this statement for ions of registered agent. Signature, typed or printed name of registered agent of Payable to Florida Department of OFFICERS AND D CARDENAS-ZITO, JORGE L. 4999 W 8TH AVE, SUITE 22 HIALEAH FL	ARDENAS-ZITO VE. SUITE 22 4989 W 8TH AVE Place of Business 3. Mailing Address #, etc. Country E. Name and Address of Current Registered Agent S-ZITO, JORGE L. H AVE CL 33012 Inamed entity submits this statement for the purpose of characteristics of registered agent. Signature, typed or printed name of registered agent and title if applicable. ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State OFFICERS AND DIRECTORS D CARDENAS-ZITO, JORGE L. 4999 W 8TH AVE, SUITE 22 HIALEAH FL Delo Delo	ARDENAS-ZITO VE. SUITE 22 4999 W 8TH AVE. SUITE 22 HIALEAH FL 33012 Place of Business 3. Mailing Address #, etc. Country Zip Court 6. Name and Address of Current Registered Agent S-ZITO, JORGE L. H AVE L 33012 named entity submits this statement for the purpose of changing its register ions of registered agent and bife if applicable (NOTE. Registered ions of registered Agent of Payable to Florida Department of State OFFICERS AND DIRECTORS D Delete TITLE CARDENAS-ZITO, JORGE L. HAVE, SUITE 22 HIALEAH FL Delete TITLE NAME STRE CITY Delete	Mailing Address APDEMAS-ZITO WE SUITE 22 APDEMAS-ZITO WE SUITE 22 APDEMAS-ZITO WE SUITE 22 APDEMAS-ZITO APPENDA APPEND APPENDA APPENDA APPENDA APPENDA APPENDA APPENDA APPENDA APPENDA	Mailing Address AADDENAS-ATTO A JORGE L. CARDENAS-ATTO A SON BY STIME 2 ASSEN BY THAVE SUITE 22 HALEAH FL 33012 Place of Business 3. Mailing Address WI AVE SUITE 22 HALEAH FL 33012 Place of Business 3. Mailing Address WI AVE SUITE 22 HALEAH FL 33012 Place of Business 3. Mailing Address WI AVE Country Z/p Country Z/p Country 5. Certificate of Business 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Name Street Address (P.O. Box Number is Nons of registered agent, or both, ions of registered agent, or both, ions of registered agent, or both, ions of registered agent agent and late if accacable LE NOW!! Per SUITE SISTEMAND DIRECTORS OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS OBelde TITLE NAME STREET ADDRESS CITY-ST-ZIP Obelde TITLE NAME STREET ADDRESS CITY-ST-ZIP Obelde TITLE NAME STREET ADDRESS CITY-ST-ZIP Obelde TITLE NAME STREET ADDRESS CITY-ST-ZIP Obelde TITLE NAME STREET ADDRESS CITY-ST-ZIP Obelde TITLE NAME STREET ADDRESS CITY-ST-ZIP Obelde TITLE NAME STREET ADDRESS CITY-ST-ZIP Obelde TITLE NAME STREET ADDRESS CITY-ST-ZIP Obelde TITLE NAME STREET ADDRESS CITY-ST-ZIP Obelde TITLE NAME STREET ADDRESS CITY-ST-ZIP Obelde TITLE NAME STREET ADDRESS CITY-ST-ZIP Obelde TITLE NAME STREET ADDRESS CITY-ST-ZIP Obelde TITLE NAME STREET ADDRESS CITY-ST-ZIP OBelde TITLE NAME STREET ADDRESS CITY-ST-ZIP OBelde TITLE NAME STREET ADDRESS CITY-ST-ZIP OBelde TITLE NAME STREET ADDRESS CITY-ST-ZIP OBelde TITLE NAME STREET ADDRESS CITY-ST-ZIP OBELDE TITLE NAME STREET ADDRESS CITY-ST-ZIP OBELDE TITLE NAME STREET ADDRESS CITY-ST-ZIP OBELDE TITLE NAME STREET ADDRESS CITY-ST-ZIP OBELDE TITLE NAME STREET ADDRESS CITY-ST-ZIP OBELDE TITLE NAME STREET ADDRESS CITY-ST-ZIP OBELDE TITLE NAME STREET ADDRESS CITY-ST-ZIP OBELDE TITLE NAME STREET ADDRESS CITY-ST-ZIP OBELDE TITLE NAME STREET ADDRESS CITY-ST-ZIP OBELDE TITLE NAME STREET ADDRESS CITY-ST-ZIP OBELDE TITLE TIT	Mailing Address AppRess 370	ANDEMASZITO W. JORGE L. CARDENASZITO W. JORGE	

of the corporation or the receiver or trustee empressed 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: