


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90544 039 ***150.00

0236100 AV

| | |
|---|---|
| DOCUMENT # M05840 |  |
| 1. Entity Name ALBERTO A. AYALA, M.D. P.A. | |

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|---|---|
| Principal Place of Business 1321 NW 14TH STREET 606 MIAMI FL 33125 | Mailing Address 2742 BISCAYNE BLVD MIAMI FL 33137 |
|---|---|



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|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | | | |
|---------------|------------|----------------|--|
| 4. FEI Number | 59-2450853 | Applied For | |
| | | Not Applicable | |

| | | |
|----------------------------------|--------------------------|--------------------------------|
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
|----------------------------------|--------------------------|--------------------------------|

CHECK HERE IF MAKING CHANGES

| | |
|---|---|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|

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|---|--|
| AYALA, ALBERTO A. 1321 NW 14TH STREET 606 MIAMI FL 33125 | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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. | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|--------------------------|-----------------------------|

| | |
|----------------------------|---|
| 10. OFFICERS AND DIRECTORS | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
|----------------------------|---|

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|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP AYALA, ALBERTO A. 1321 NW 14TH STREET 606 MIAMI FL 33125 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <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 |

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <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 like empowered.

SIGNATURE:  4-28-03 305-326-8484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)