2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M09601

1. Entity Name

MANUEL ALVAREZ-JACINTO, M.D. P.A.

0143510

Principal Place of Business	Mailing Address
701 N.W. 57TH AVENUE SUITE 350 MIAMI FL 33126	701 N.W. 57TH AVENUE SUITE 350 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business _600 NW 35th Ave_
Suite, Apt. #, etc. _Suit 201_
City & State _Miami FLORIDA_
Zip _33125_   Country _USA_

3. Mailing Address _600 NW 35th Ave_
Suite, Apt. #, etc. _Suit 201_
City & State _Miami Florida_
Zip _33125_   Country _USA_

4. FEI Number _59-2477900_ APPLIED FOR

	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALVAREZ-JACINTO, MANUEL 701 N.W. 57TH AVENUE SUITE 350 MIAMI FL 33126	Name Street Address (P.O. Box Number is Not Acceptable) _600 NW 35th Ave_ _Suit 201_ 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 _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

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

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
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		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ-JACINTO, MANUEL 701 NW 57TH AVE., SUITE 350 MIAMI FL 33126	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   _04/18/01_   _(305) 445-3630_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #