2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90455 007 ***150.00

0502121

DOCUMENT # M90451

1. Entity Name

OSCAR FEBLES, MD, PA

D0043544

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% OSCAR FEBLES ~~7424 S.W. 48TH~~ ST. ~~MIAMI FL 33155~~	% OSCAR FEBLES ~~7424 S.W. 48TH ST.~~ ~~MIAMI FL 33155~~

2. Principal Place of Business	3. Mailing Address
8700 N. KENDALL DR.	P.O. BOX 557007
Suite, Apt. #, etc.: SUITE 204	Suite, Apt. #, etc.:
City & State: MIAMI FL	City&State: MIAMI FL
Zip: 33176 Country: USA	Zip: 33155 Country:

4. FEI Number: 65-0055404 ☐ 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
FEBLES, OSCAR ~~7424 S.W. 48THST.~~ ~~MIAMI FL 33155~~	Name: OSCAR R. FEBLES, M.D. Street Address (P.O. Box Number is Not Acceptable): 8700 N. KENDALL DR. SUITE #204 City: MIAMI FL Zip Code: 33176

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 X _____ 3/19/01

Signature, type or print the 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 FEBLES, OSCAR ~~7424 S.W. 48TH ST.~~ ~~MIAMI FL~~ 8700 N. KENDALL DR. SUITE 204 MIAMI, FL 33176	☐ Delete	PD FEBLES, OSCAR 8700 N. KENDALL DR. - SUITE 204 MIAMI, FL 33176	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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 X _____ OSCAR R. FEBLES, M.D. 3/19/01 (305)667-5858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #