

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90057 046 \*\*\*150.00

DOCUMENT #		P00000010139	
1. Entity Name ILEANA FUENTES, M.D., P.A.			
Principal Place of Business 1454 S.W. 1ST STREET MIAMI FL 33135		Mailing Address 3150 S.W. 108 AVE. MIAMI FL 33165	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number <b>65-0976412</b>		Applied For
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable
						<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
<b>FUENTES, ILEANA</b> <b>3150 S.W. 108 AVE</b> <b>MIAMI FL 33185</b>	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	<b>FL</b> 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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2002 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p><b>\$5.00</b> May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>FUENTES, ILEANA</b> <b>3150 S.W. 108TH AVENUE</b> <b>MIAMI FL 33165</b> <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"/> 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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, for all other like empowered.

SIGNATURE: ☒ SIGNATURE REQUIRED ILENA FUENTES 1/23/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)