

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90127 009 \*\*\*150.00

**DOCUMENT #** P00000046589

**1. Entity Name** DOCTORS' OFFICE SOLUTIONS, INC.

**Principal Place of Business**  
 10544 S.W. 129th Terrace  
 Miami, FL 33176-5527

**Mailing Address**  
 10544 S.W. 129th Terrace  
 Miami, FL 33176-5527

**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**  
 NONE

☐ Applied For  
☒ Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

Penn B. Chabrow  
 777 Brickell Avenue, Suite 900  
 Miami, FL 33131

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.**

**SIGNATURE**  4/27/01

Signature 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** President/Secretary/Director ☐ Delete  
**NAME** Jorge O. DeMoya  
**STREET ADDRESS** 10544 S.W. 129th Terrace  
**CITY-ST-ZIP** Miami, FL 33176-5527

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

**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:**

SENDER AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jorge O. de Moya, President

4/27/01

305-235-1661

Date

Daytime Phone #

CR2E034 (11/00)