

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90074 001 ***150.00

DOCUMENT # P00000055646

1. Entity Name
JOSE R. ROVIRA, M.D., P.A.

Principal Place of Business Mailing Address
7405 S.W. 115TH STREET **7405 S.W. 115TH STREET**
PINECREST FL 33156 **PINECREST FL 33156**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11760 SW 40th ST

Suite, Apt. #, etc.
646

City & State
Miami

Zip
FL 33175

4. FEI Number **65-1048758** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MIAMI CORPORATE SYSTEMS, INC.
5200 BLUE LAGOON DRIVE
SUITE 700
MIAMI FL 33126

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	ROVIRA, JOSE R M.D.	
STREET ADDRESS	7405 S.W. 115TH STREET	
CITY-ST-ZIP	PINECREST FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
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: *Jose R. Rovira* **Jose R. Rovira** **3/27/01** **305-552-5354**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)