2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

FILED Feb 13, 2003 8:00 am Secretary of State

DOCUMENT # \$ 00000059861			02-13-2003 90223 009 ***150.00		
Jose M. C	ortiz, P.A V	S NE			
DO NOT WRITE	IN THIS SPACE				
2. Principal Place of Business 15351 5W 146 S+ Suite, Apt. #, etc.	3. Mailing Address SW 146 Suite, Apt. #, etc.	. S+	DO NOT WRITE IN THIS	SPACE	
City & State	City & State	4.	FEI Number 1015354	Applied For Not Applicable	
Zip Country	Zip 33196 Country	<i>) †</i>	Certificate of Status Desired	\$8.75 Additional Fee Required	
32110			7. Name and Address of Current Registered Agent		
			iz JOSe /7		
			(P.O. Box Number is Not Acceptable)		
IN THIS SP	ACE			•	
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The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its registered of	fice or registered ag	gent, or both, in the State of Florida. I am	tamiliar with, and accept	
CIONATURE			rainstating) DATE		
Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Registered Age	nt signature required when	reinstating)		
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25	State		Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	

OFFICERS AND DIRECTORS 10. TITLE NAME Ortiz, Jose M. St 15351 SW 146 St NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FL TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME. NAME STREET ADDRESS DO NOT WRITE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IN THIS SPACE TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an extraction of the corporation of the receiver of trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an extraction of the corporation of the receiver of trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an extraction of the corporation of the receiver of trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an extraction of the corporation of the receiver of trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an extraction of the corporation of the receiver of trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an extraction of the corporation of the receiver of trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an extraction of the receiver of trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an execute the corporation of the receiver of trusted empowered to execute the corporation of the receiver of the corporation of the receiver of trusted empowered to execute the corporation of the receiver of the corporation of the receiver of the corpora of the corporation of attachment with an a

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