02 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 NOV 26 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800009220728
11/26/02--01030--016 **150.00

DOCUMENT #

1. Entity Name P00000071397

SOUTH FLORIDA PHYSICIAN ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
132 MINORCA AVE	132 MINORCA AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33134 Country	Zip: 33134 Country

4. FEI Number 65-1026934 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name JOSE E. SMTIH

Street Address (P.O. Box Number is Not Acceptable) 132 MINORCA Avenue

Accepted

City Coral Gables FL Zip Code 33134

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 _____ 11/22/02
Signature, typed or printed 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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P VALOR, ELENA R M.D. 132 MINORCA AVENUE Coral Gables, FL 33134 President
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 11/22/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SOUTH FLORIDA PHYSICIAN ASSOCIATES, INC.

1232 Coral Way
Coral Gables, FL 33134

October 18, 2002

Division of Corporations
Registration Section
P.O. 6327
Tallahassee, Florida 32314

Dear Representative:

Enclosed please find the Uniform Business Report (UBR) for South Florida Physician Associates, Inc. I have also enclosed a check in the amount of $150.00 to cover the filing fee. We respectfully request the waiver of the late filing fee due to the fact that the original Business Report was not received.

The Uniform Business Report was being sent to an incorrect mailing address. The correct mailing address for South Florida Physician Associates is as follows:

South Florida Physician Associates, Inc.
C/0 Elena R. Valor M.D.
132 MINORCA
Coral Gables, Fl 33134

Thank you for your assistance in resolving this matter, if you have any questions or require additional information, please do not hesitate to contact Dr. Elena Valor 305-441-1012.

Sincerely

Elena R. Valor M.D.