

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 NOV 26 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name

P00000071397

SOUTH FLORIDA PHYSICIAN ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

132 MINORCA AVE

3. Mailing Address

132 MINORCA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Coral Gables, FL

4. FEI Number

65-1026934

Applied For

Not Applicable

Zip

33134

Country

Zip

33134

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOSE E. SMITH

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

132 MINORCA Avenue

City

Coral Gables

FL

Zip Code

33134

**DO NOT WRITE
IN THIS SPACE**

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

11/22/02

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

VALOR, ELENA R M.D.
132 MINORCA AVENUE
Coral Gables, FL 33134
President

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/22/02

CR2E034B (12/01)

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:

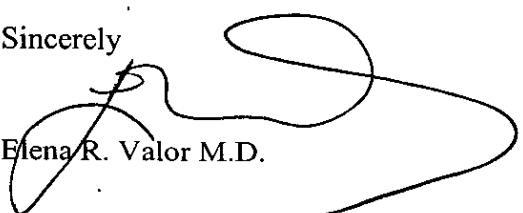
Enclosed please find the Uniform Business Report (UBR) for South Florida Physician Associates, Inc. I have also enclosed a check in the amount of \$150.00 to cover the filing fee. We respectfully request the waiver of the late filing fee due to the fact that the original Business Report was not received.

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/O 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.