OF OR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILFD **DOCUMENT#** 02 NOV 26 AH 10: 26 1. Entity Name P00000071397 SOUTH FLORIDA PHYSICIAN ASSOCIATES; INC. SECRETARY OF STATE TALLAHASSEE FLORIDA DO NOT WRITE IN THIS SPACE 800009220728 11/26/02--01030--016 **150,00 2. Principal Place of Business 3. Mailing Address 132 MINORCA AVE 132 MINORCA AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65–1026934 City & State Coral Gables, FL City & State Coral Gables, FL Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33134 33134 7. Name and Address of Current Registered Agent JOSE E. SMTIH DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 132 MINOPCA "Avenue IN THIS SPACE Coral Gables 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 appli (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee Is \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE 70 VALOR; ELENA R M.D. CR2E034B (12/01 NAME 132 MINORCA AVENUE coule Coral Gables, FL 331 NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP President TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME IS STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-7IP CITY ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE: (A) NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 on an attachment with an address, with all pther like empowered.

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.