

DOCUMENT # P0000071577

1. Entity Name
MIGUEL A. PASTRANA, D.M.D., M.D., P.A.

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90029 019 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
13834 SW 122 COURT 13834 SW 122 COURT
MIAMI FL 33186 MIAMI FL 33186

2. Principal Place of Business 3. Mailing Address
302 NW 179 Ave 1062 SW 159 Dr
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite # 201

City & State City & State
Pembroke Pines, Florida Pembroke Pines, Florida
Zip Country Zip Country
33029 33028

4. FEI Number Applied For
65-1031363 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PASTRANA, MIGUEL A
13834 SW 122 COURT
MIAMI FL 33186

7. Name and Address of New Registered Agent
Name: PASTRANA, Miguel A.
Street Address (P.O. Box Number is Not Acceptable): 1062 SW 159 Dr
City: Pembroke Pines FL Zip Code: 33028

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]* DATE: 01/04/01
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PASTRANA, MIGUEL A 13834 SW 122 COURT MIAMI FL 33186 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PASTRANA, Miguel A 1062 SW 159 Dr. Pembroke Pines FL 33028 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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: *[Signature]* Miguel A. PASTRANA - President Date: 01/4/01 Daytime Phone #: 954-392-0860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)