2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000087615

1. Entity Name

JOSE L. AVILA, MD, PA



FILED Mar 12, 2003 8:00 am Secretary of State

03-12-2003 90144 026 ***150.00

Principal Place of Business 4909 SW 36TH AVENUE FT. LAUDERDALE FL 33312			Mailing Address 4909 SW 36TH AVENUE FT. LAUDERDALE FL 33312									
2. Principal Place of Business				3. Mailing Address					1111 BBUI BBUB 151.		#HOOF BIHI 1801	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State			4. 1	FEI Number 65-105458			pplied For ot Applicable	
Zip		Country	Zip		Coun	try	5. (Certificate of Status Desired		8.75 Ad	ditional	
	6. Name	and Address of Current	Registere	d Agent			7. I	Name and Address of New	Registered Aç	ent		
						Name						
AVILA, JOSE L				Street Addres			iress (P.O. B	(P.O. Box Number is Not Acceptable)				
4909 S.W. 36 AVENUE												
FT. LAUDERDALE FL 33312												
						City			FL	Zip Coo	de	
the obligati	ions of regist	or printed name of registered agent a				d Agent signature		ent, or both, in the State of F	DATE	miliar with,	, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of				State				9. Election Campaign F Trust Fund Contribut	ion.	Adde	00 May Be d to Fees	
10.		OFFICERS AND	DIRECTO	RS	11.		AD	DDITIONS/CHANGES TO OF			RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SE L 36TH AVENUE RDALE FL 33312		☐ Delete		[Change	☐ Addition	
TITLE NAME STREET ADDRESS				☐ Delete		i				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	☐ Delete		l l		Tipe in the second of the seco		<u> Change</u>	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAM STRE					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		i				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·			☐ Delete						Change	Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: