

2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90171 028 ***150.00

DOCUMENT # P0000103857
 1. Entity Name
 ALBERTO DOMINGUEZ-BALI, M.D., P.A.

Principal Place of Business Mailing Address
 100 KING POINT DR. APT 1616 100 KING POINT DR. APT 1616
 SUNNY ISLE BEACH, FL 33160 SUNNY ISLE BEACH, FL 33160

2. Principal Place of Business 3. Mailing Address
 777 E 25 ST 19195 MYSTIC POINTE DR
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 STE 303 STE 2107

City & State City & State
 HIALEAH, FL AVENTURA, FL
 Zip Country Zip Country
 33180 USA 33180 USA

4. FEI Number Applied For
 65-1053692 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent
 DOMINGUEZ-BALI ALBERTO
 100 KING POINT DR, APT 1616
 SUNNY ISLE BEACH, FL 33160

7. Name and Address of New Registered Agent
 Name DOMINGUEZ-BALI ALBERTO
 Street Address (P.O. Box Number is Not Acceptable)
 19195 MYSTIC POINTE DR STE 2107
 City AVENTURA, FL FL Zip Code 33180

9. 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 _____ (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. **FILE NOW !!! FEE IS \$150.00**
 After May 1, 2002 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	DP	<input type="checkbox"/> Delete
NAME	DOMINGUEZ-BALI ALBERTO	
STREET ADDRESS	100 KING POINT DR, APT 1616	
CITY-ST-ZIP	SUNNY ISLE BEACH, FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMINGUEZ-BALI ALBERTO	
STREET ADDRESS	19195 MYSTIC POINTE DR, STE 2107	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 _____ Date 4/28/03 (305) 693-3535
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)