2002 UNIFORM BUSINESS REPORT (UBR)

May 02, 2002 8:00 am Secretary of State DOCUMENT # P01000033996 1. Entity Name 05-02-2002 90037 004 ***150.00 JORGE L. CAMBO, M.D., P.A. Principal Place of Business Mailing Address 1143 RAINTREE PL. 1143 RAINTREE PL. WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 5**7** – 37: Not Applicable Country Zip Country Zip \$8.75.Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAMBO, JORGE L M.D. Street Address (P.O. Box Number is Not Acceptable) 1143 RAINTREE PL. WINTER PARK FL 32789 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01 TITLE Delete TITLE Change ☐ Addition PTD NAME NAME CAMBO, JORGE L M.D. STREET ADDRESS STREET ADDRESS 1143 RAINTREE PL. CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete Change ☐ Addition NAME CAMBO, JORGE L M.D. NAME STREET ADDRESS STREET ADDRESS 1143 RAINTREE PL. CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information explied 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 effective 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 attachment with an address, with attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED