FOR PROFIT CORPORATION. UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: X

FILED Jun 30, 2002 8:00 am Secretary of State

DOCU 1. Entity Na	UMENT# P01000	035237		É					
CLAF	RA M. PICAYO M.D.,	P.A) i					
	DO NOT WRITE	IN THIS	SPACE	:	- -	t		\$ 5 5 6 4	•
2. Principal	Place of Business	3. Mailing Address		· - ·					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State			1 1	FEI Number Applied			
Zip	Country	Zip	Country		1	101252 cate of Status De	esired	\$8.75 Addition	plicable al
					7. Name a	nd Address of C	urrent Register		
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	DO NOT WI		s	reet Address (F	O Box No	mber is Not Acc	entable)	Sure de	<u></u>
			С	1141			F	L Zip Code	
8. The above	e named entity submits this statement for	the purpose of changing	its registered of	fice or registere	d agent, or	both, in the State	e of Florida.	- 1 201	/ /
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SIGNATURE	Signature, typed or printed name of registered agent and	d title if applicable. (No	OTE: Registered Age	it signature required w	ten reinstation		Date		
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