

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90065 046 ***150.00

DOCUMENT # P01000036779 ✓

1. Entity Name

Doctor's Medical Group, Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

311 NE. 8th Street

3. Mailing Address

311 NE. 8th Street

Suite, Apt. #, etc.
#204

Suite, Apt. #, etc.
#204

DO NOT WRITE IN THIS SPACE

City & State
Miami FL

City & State
Miami, FL

4. FEI Number

48-1256163

Applied For

Not Applicable

Zip
33030

Country
U.S.A.

Zip
33030

Country
U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Nilda Acosta

Street Address (P.O. Box Number is Not Acceptable)
311 NE. 8th Street #204

City
Miami

FL

Zip
33030

**DO NOT WRITE
IN THIS SPACE**

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

4-27-02

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

Nilda Acosta
311 NE. 8th Street
Miami FL 33030

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-02

Date

Daytime Phone #

CR2E034B (12/01)