

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P01000049315*

1. Entity Name

MARLENE CARBONELL, D.O. Endocrinology P.A.

DO NOT WRITE IN THIS SPACE

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91849 033 ***150.00

90129511

2. Principal Place of Business

6301 Collins Ave

Suite, Apt. #, etc.

Apt 1901

City & State

Miami Beach, FL

Zip

33141

Country

USA

3. Mailing Address

6301 Collins Ave

Suite, Apt. #, etc.

Apt 1901

City & State

Miami Beach, FL

Zip

33141

Country

USA

4. FEI Number

05-1113890

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name *AMERICAN INFORMATION SERVICES, INC.*

Street Address (P.O. Box Number is Not Acceptable)

ONE S.E. 3RD AVENUE, 28TH FLOOR

City

Miami

FL

Zip Code

33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10.

OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>PRESIDENT MARLENE CARBONELL 6301 COLLINS AVE, APT 1901 MIAMI BEACH, FL 33141</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *X* *Marlene Carbonell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #