

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

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

05-05-2003 91849 033 ***150.00

DOCUMENT # P01000049315

1. Entity Name
MARLENE CARBONELL, D.O. KNOWLEDGE P.A.

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90129511

2. Principal Place of Business <u>6301 Collins Ave</u>		3. Mailing Address <u>6301 Collins Ave</u>	
Suite, Apt. #, etc. <u>Apt 1901</u>		Suite, Apt. #, etc. <u>Apt 1901</u>	
City & State <u>Miami Beach, FL</u>		City & State <u>Miami Beach, FL</u>	
Zip <u>33141</u>	Country <u>USA</u>	Zip <u>33141</u>	Country <u>USA</u>

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DO NOT WRITE IN THIS SPACE		4. FEI Number <u>05-1113890</u>		Applied For <input checked="" type="checkbox"/> Not Applicable	
DO NOT WRITE IN THIS SPACE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
7. Name and Address of Current Registered Agent					
Name <u>AMERICAN INFORMATION SERVICES, Inc.</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>ONE S.E. 3RD AVENUE, 28th Floor</u>					
City <u>Miami</u> FL Zip Code <u>33131</u>					

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE <u>PRESIDENT</u>	NAME <u>MARLENE CARBONELL</u>	TITLE	
STREET ADDRESS <u>6301 COLLINS AVE, APT 1901</u>		STREET ADDRESS	
CITY - ST - ZIP <u>MIAMI BEACH, FL 33141</u>		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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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 4/30/03 3052981461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**