## ., 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

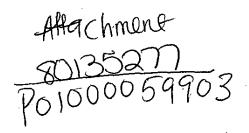
## Aug 01, 2003 8:00 am Secretary of State P01000059903 DOCUMENT # 08-01-2003 90059 024 \*\*\*150.00 1. Entity Name ALICIA R. VIDAL-ZAS, PSY.D., P.A. Principal Place of Business Mailing Address 1900 SW 126TH CT 1900 SW 126TH CT MIAMI FL 33175 MIAMI FL 33175 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-1118794 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VIDAL-ZAS, ALICIA R Street Address (P.O. Box Number is Not Acceptable) 1900 SW 126TH CT **MIAMI FL 33175** City Zip Code 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 FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State · OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition VIDAL-ZAS, ALICIA R NAME NAME 1900 SW 126TH CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33175** CITY-ST-7IP TITLE TIT! F ☐ Change ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 Block 11 if

SIGNATURE:

changed, or on an attachment with

Daytime Phone #



July 28, 2003

FLORIDA DEPARTMENT OF STATE Division of Corporations P.O.Box 1500 Tallahassee, Florida 32302-1500

Re: ALICIA R. VIDAL-ZAS, PSY.D., P.A., Uniform Business Report 2003:
P01000059903

Dear Sirs:

This is to inform you that ALICIA R. VIDAL-ZAS, PSY.D., P.A. did not file its 2003 Annual Business Report on time because this company **never** received its 2003 Uniform Business Report. However, we are sending a new UBR form along with the payment of \$150.00 and we would like you to please waive any penalty that this may caused.

We apologize for any inconvenience this may have caused.

Thank you very much for your cooperation.

Sincerely,

Álicia R. Vidal-Zas

President