FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED- Elizabeth
03 JUN 27 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700000973852?
12/30/02--01065--009 **150.00

DOCUMENT #

1. Entity Name: P01000062380
LA Doctors office Inc

DO NOT WRITE IN THIS SPACE

REINSTATEMENT DO NOT WRITE IN THIS SPACE 02-03

2. Principal Place of Business	3. Mailing Address
LA DOCTORS OFFICE	11201 SW 95 avenue
Suite, Apt. #, etc.: #201	Suite, Apt. #, etc.
City & State: Miami, FL	City & State
Zip: 33157 Country: USA	Zip Country

4. FEI Number: 65-1115816 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Lidia Abreu

Street Address (P.O. Box Number is Not Acceptable): 11981 SW 178 Terrace

City: Miami FL Zip Code: 33177

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: Lidia Abreu Lidia Abreu 12/27/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	Lidia Abreu (President) 11981 SW 178 Terr Miami, FL 33177
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Margarita Ballester (S) 9923 W. Okeechobee Rd #916? Hialeah Garden, FL 33016
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CR2E034B (12/01)

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: Lidia Abreu 12/27/02 305 971-0309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

gr 6/20