2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State
03-17-2003 90667 031 ***150.00

DOCUMENT # P01000064317

1. Entity Name
H. MARCELO VASSOLO, M.D., P.A.

Principal Place of Business
9125 ABBOTT AVE
SUNRISE FL 33154

Mailing Address
9125 ABBOTT AVE
SUNRISE FL 33154

2. Principal Place of Business: 2925 Aventura Blvd.
Suite, Apt. #, etc.: Suite 300
City & State: Aventura Fl
Zip: 33180 Country: USA

3. Mailing Address: 11415 N. Bayshore Dr.
Suite, Apt. #, etc.:
City & State: N. Miami Fl
Zip: 33181 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1135270 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
VASSOLO, H MARCELO
9125 ABBOTT AVE
SUNRISE FL 33154

7. Name and Address of New Registered Agent
Name: VASSOLO, H MARCELO (SAME)
Street Address (P.O. Box Number is Not Acceptable): * NEW ADDRESS
11415 N. Bayshore Dr
City: NORTH Miami FL Zip Code 33181

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] PRESIDENT DATE: 3/7/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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	D	☐ Delete
NAME	VASSOLO, H MARCELO	
STREET ADDRESS	9125 ABBOTT AVE	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	☒ Change	☐ Addition
NAME	VASSOLO H. MARCELO		
STREET ADDRESS	11415 N. Bayshore Dr		
CITY-ST-ZIP	N. Miami Fl 33181		
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

CR2E034 (10/02)

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

SIGNATURE: SIGNATURE REQUIRED [signature] 3/7/03 305 9785803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #