


03
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY 16 PM 1:02

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

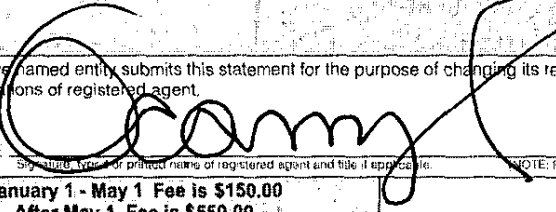
DOCUMENT # P01000065852	
1. Entity Name ALVARO J. OCAMPO MD, P.A.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10 NW LEJUNE RD	3. Mailing Address 10 NW LEJUNE RD
Suite, Apt. #, etc. 501	Suite, Apt. #, etc. 501
City & State MIAMI FL	City & State MIAMI FL
Zip 33126	Country USA

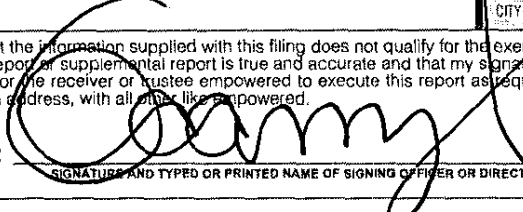
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DO NOT WRITE IN THIS SPACE	4. FEI Number	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
	7. Name and Address of Current Registered Agent		
	Name MANUEL IGLESIAS ESQ		
Street Address (P.O. Box Number or Post Office Box) 10 NW LEJUNE RD 501			
City MIAMI FL 33126			

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 	DATE 4.30.3
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	

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR OCAMPO, ALVARO J. 5961 SW 81 ST MIAMI FL 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000020045220 05/28/03--01065--019 **150.00
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DO NOT WRITE IN THIS SPACE

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: 
4.30.3(786)4122156

CR2E034B (12/02)

715122

ATTACHMENT

PO1000065852

ALVARO J. OCAMPO MD PA

10 NW LEJEUNE RD 501 MIAMI FL 33126

PH 786 412-2156

UNIFORM BUSINESS REPORT

DIVISION OF CORPORATIONS

PO BOX 1500

TALAHASSEE FL 32302-1500

TO WHOM IT MAY CONCERN :

This is to certify that I did not received the UBR required to correct the forms from
Previous dates,

Enclosing with this letter is a copy of the tax id number and a check for \$ 150,00
dollars as I was instructed by one of your support agents.

Please note the change of address:

ALVARO OCAMPO MD PA

10 NW LE JEUNE RD 501

MIAMI FL 33126

DAY TIME TELEPHONE 786 412-2156

Thank you for your help.

Alvaro Ocampo MD