

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2003 8:00 am
Secretary of State

08-27-2003 90081 026 ***550.00

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DOCUMENT # P01000074438

1. Entity Name

FRANCISCO J. RAFOLS, M.D., P.A.



Principal Place of Business

15600 S.W. 288TH STREET
SUITE 201
HOMESTEAD FL 33033

Mailing Address

15600 S.W. 288TH STREET
SUITE 201
HOMESTEAD FL 33033

2. Principal Place of Business

45 NW 4th St

3. Mailing Address

45 NW 4th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Homestead FL

City & State

Homestead, FL

4. FEI Number

65-1125010

☒ Applied For

☐ Not Applicable

Zip 33030

Country

Dade

Zip 33030

Country

Dade

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUEST, JAMES M ESQ.
15600 S.W. 288TH STREET
SUITE 201
HOMESTEAD FL 33033

7. Name and Address of New Registered Agent

Name Francisco J. RAFOLS MD

Street Address (P.O. Box Number is Not Acceptable)

45 NW 4th St. #10

City Homestead

FL

Zip Code 33030

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

After September 10, 2003 Fee will be \$750.00
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 PVST ☐ Delete
NAME RAFOLS, FRANCISCO J
STREET ADDRESS 11794 SW 273 LANE
CITY-ST-ZIP HOMESTEAD FL 33032

TITLE D ☐ Delete
NAME RAFOLS, FRANCISCO J
STREET ADDRESS 11794 SW 273 LANE
CITY-ST-ZIP HOMESTEAD FL 33032

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/03

Date

305 247 5344

Daytime Phone #

CR2E034 (4/03)