

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0047541 AV

DOCUMENT # P01000077478

1. Entity Name



SOLER-BAILLO PLASTIC SURGERY, PA.

Principal Place of Business
6280 SUNSET DRIVE
SUITE 408
SOUTH MIAMI FL 33143

Mailing Address
6280 SUNSET DRIVE
SUITE 408
SOUTH MIAMI FL 33143

FILED

03 SEP 11 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1127626

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHIFF, BENJAMIN
1901 HARRISON STREET
SUITE 200
HOLLYWOOD FL 33020

Name Jose M. Soler-Baillo, MD

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

6280 Sunset Dr. # 408

City Miami

FL

Zip Code 33143

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME P
STREET ADDRESS SOLER-BAILLO, JOSE M
CITY-ST-ZIP 6280 SUNSET DRIVE, SUITE 501
SOUTH MIAMI FL 33143 ☐ Delete

TITLE
NAME
STREET ADDRESS 500023237445
CITY-ST-ZIP 09/22/03--01053--022 **550.00 ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/03 (305) 665-3511
Date Daytime Phone #

CR2E034 (4/03)