

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0047541 AV

DOCUMENT # **P01000077478**



1. Entity Name

**SOLER-BAILLO PLASTIC SURGERY, PA.**

FILED  
03 SEP 11 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

Mailing Address  
**6280 SUNSET DRIVE  
SUITE 408  
SOUTH MIAMI FL 33143**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

4. FEI Number **65-1127626** Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

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

**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]* **JOSE M. SOLER-BAILLO** DATE **9/1/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>P</b>	<b>SOLER-BAILLO, JOSE M</b>	<b>6280 SUNSET DRIVE, SUITE 501</b>	<b>SOUTH MIAMI FL 33143</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>500023237445</b>	<b>09/22/03--01053--022 **550.00</b>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CR2E034 (4/03)