

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

Page 1 of 2

DOCUMENT # P01000112856

1. Entity Name

SOUTH FLORIDA MEDICAL SPECIALTY, INC.

FILED

02 DEC -9 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

9600 SW 8<sup>TH</sup> ST

3. Mailing Address

9600 SW 8<sup>TH</sup> ST

Suite, Apt. #, etc.

STE: 17

Suite, Apt. #, etc.

STE: 17

City & State

MIAMI

City & State

MIAMI

Zip

33174

Country

US

Zip

33174

Country

US

4. FEI Number

65-1155264

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

OBDELIA GONZALEZ

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

9600 S.W. 8<sup>TH</sup> STREET STE: 17

City MIAMI

FL

Zip Code

33174

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12/5/02

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
(D) OBDELIA GONZALEZ  
9600 SW 8<sup>TH</sup> STREET STE: 17  
MIAMI, FL 33174

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

100009505421  
12/13/02--01043--022 \*\*150.00

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IN THIS SPACE**

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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/5/02

Date

Daytime Phone #

SOUTH FLORIDA MEDICAL SPECIALTY, INC.  
DOC. # P01000112856

*PMC 205*

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 2002  
UNIFORM BUSINESS REPORT (FIRST NOR SECOND NOTICE OF THE UBR).

I MADE A CHANGE IN BANKING ACCOUNTS WHEN I FOUND OUT THAT I  
WAS NOT ACTIVE WITH YOUR OFFICE. PLEASE TAKE THIS LETTER AS AN  
EXCUSE TO PUT MY CORPORATION IN ITS ACTIVE STATUS AND TO WAIVE  
ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY,

*Obdilia Gonzalez*

OBDILIA GONZALEZ  
PRESIDENT