2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91386 011 ***150.00

023637 AV

DOCUMENT # P02000002342

1. Entity Name
MICHAEL DIAZ M.D. P.A.

Principal Place of Business
2600 DOUGLAS RD., STE. 400
CORAL GABLES FL 33134

Mailing Address
2600 DOUGLAS RD., STE. 400
CORAL GABLES FL 33134

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
8720 NORTH KENDALL DRIVE	45 ANTILLA AVE
Suite, Apt. #, etc. 108	Suite, Apt. #, etc. #1A
City & State MIAMI, FLORIDA	City & State CORAL GABLES, FL
Zip 33176 Country U.S.A.	Zip 33134 Country U.S.A.

4. FEI Number 26-0022867 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CMS INTERNATIONAL ENTERPRISES, INC.
45 ANTILLA AVE, STE. 1A
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name CMS INTERNATIONAL ENTERPRISES, INC.
Street Address (P.O. Box Number is Not Acceptable) 2600 DOUGLAS RD. SUITE 400
City CORAL GABLES **FL** Zip Code 33134

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] 4.24.03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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	DPST	☐ Delete
NAME	DIAZ, MICHAEL	
STREET ADDRESS	45 ANTILLA AVE., STE. 1A	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

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 REQUIRED [signature] 4.24.03 305.582.9004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #