
SIGNATURE:

2003 FOR PROFIT CORPORATION

May 05, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) 05-05-2003 92120 001 ***300.00 DOCUMENT # P02000019030 1. Entity Name JORGE A. ALVAREZ, D.D.S., P.A. Principal Place of Business Mailing Address 565 JEFFERSON DRIVE UNIT 111 565 JEFFERSON DRIVE UNIT 111 DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **III** CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 01-05 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent ALVAREZ, JORGE A D.D.S. 565 JEFFERSON DRIVE Street Address (P.O. Box Number is Not Acceptable) **UNIT 1111** DEERFIELD BEACH, FL 33442 9953 Coronado Lake Dr. 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 familia the obligations of registered agent Jorge Alvarez (NOTE: Registered Agents ignature required when reinstating) Signature, type of provinced name of registered agent and title if applicable 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 \$5.00 May Be Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. JAREZ JORGEA., DDS Change Addition 1953 Coronado Lake Dr. Boynfon Beach FL 33437 CR2E034 (10/02) Delete TITLE 1131 F ALVAREZ, JORGE A D.D.S. NAME NAME STREET ADDRESS 565 JEFFERSON DRIVE UNIT 1111 STREET ADDRESS DEERFIELD BEACH, FL 33442 CRY-ST-ZIP CITY-ST-2P ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-2IP CITY-ST-7IP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2P ☐ Change ☐ Addition ☐ Delete 1016 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NA MF STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-2IP ☐ Change ■ Addition ☐ Delete 1fti F 1131 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.