

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P02000028723

1. Entity Name  
MARIA ARGUELLO, M.D., P.A.



FILED

03 DEC -8 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 2003

Principal Place of Business  
268 N W 104TH AVENUE  
CORAL SPRINGS FL 33071

Mailing Address  
268 N W 104TH AVENUE  
CORAL SPRINGS FL 33071

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
130-0055443

Applied For  
Not Applicable

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

MULLIN, JAMES G

2080 N.W. BOCA RATON BOULEVARD, #6  
BOCA RATON FL 33431

Name MARIA ARGUELLO MD

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

268 NW 104th Ave

City CORAL SPRINGS FL

Zip Code 33071

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 *Maria Arguello* 10.2.03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME ARGUELLO, MARIA  
STREET ADDRESS 268 N W 104TH AVENUE  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE  
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CITY-ST-ZIP

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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.

SIGNATURE:

*Maria Arguello*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/2/03 (454) 933 9090  
Date Daytime Phone #

CR2E034 (10/02)