

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

FILED

04 MAR -5 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P-02000033064*  
1. Entity Name  
*Physician Group of South Florida, Inc*

**DO NOT WRITE IN THIS SPACE**

**REINSTATEMENT** *03-04*

DO NOT WRITE IN THIS SPACE

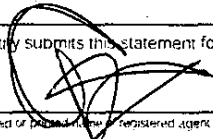
2. Principal Place of Business <i>7400 North Kendall Drive</i>		3. Mailing Address		4. FEI Number <i>01-0645100</i>		Applied For
Suite, Apt. #, etc. <i>303</i>		Suite, Apt. #, etc.				Not Applicable
City & State <i>Miami FL</i>		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip <i>33156</i>	Country <i>USA</i>	Zip	Country			

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Armando A. Falcon*  
Street Address (P.O. Box Number is Not Acceptable)  
*11545 sw 152 ct.*  
City *Miami* FL Zip Code *33196*

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  *2/4/04*  
Signature typed or printed of the registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	<i>PD Armando A. Falcon 11545 sw 152 ct. miami FL 33196</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>200029958582 03/05/04--01055--003 **150.00</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>STD Vandely G. Perez 11545 sw 152 ct. miami FL 33196</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 escrow agent 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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Armando A. Falcon / President (305) 670-6920*

CR2E034B (12/01)

**PHYSICIAN GROUP OF SOUTH FLORIDA, INC.**  
7400 NORTH KENDALL DRIVE  
Suite 303  
Miami, Florida 33156

February 4, 2004

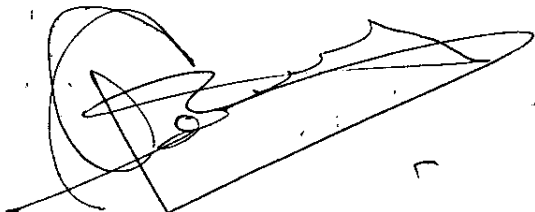
Division of Corporations  
Reinstatement Office

To whom it may concern:

Attached you will find the copy of the cancelled check that paid the UBBR-2003 of our corporation from 4/11/2003, but still the corporation is cancelled. Today, 02/04/2004, we called to find out what was the problem, and we were told that a letter was mailed to us requesting for additional information, letter that we never received due to a change of address, but the lady that help us over the phone said that we need to sent.

Attached:  
Reinstatement Form  
Copy of the cancelled check  
Copy from the internet of the UBBR  
Check for \$150.00 for 2004 UBBR

Sincerely,



Armando A. Falcon, M.D.  
President