

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

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90169 003 \*\*\*150.00

<b>DOCUMENT #</b> P02000044262 1. Entity Name DAMASCENO FERREIRA M.D. INC					
<b>DO NOT WRITE IN THIS SPACE</b>					
2. Principal Place of Business Suite, Apt. #, etc. 5151 COLLINS AVE, STE 1035 City & State MIAMI BEACH FL Zip 33140			3. Mailing Address Suite, Apt. #, etc. 5151 COLLINS AVE, STE 1035 City & State MIAMI BEACH FL Zip 33140		
			DO NOT WRITE IN THIS SPACE		
			4. FEI Number 03-0460102		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			7. Name and Address of Current Registered Agent Name TANIRA FERREIRA Street Address (P.O. Box Number is Not Acceptable) 5151 COLLINS AVE, STE 1035 City MIAMI BEACH FL Zip Code 33140		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		P TANIRA D FERREIRA 5151 COLLINS AVE, STE 1035 MIAMI BEACH, FL 33140			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		VP LUCIANA LOUREIRO 7601 E. TREASURE DR # 1115 NORTH BAY VILLAGE, FL 33141			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<b>DO NOT WRITE IN THIS SPACE</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____ <i>(Signature)</i> <b>3/21/03 (305) 8651551</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034B (12/02)