03

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JAN 14 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000046104

1. Entity Name
Phynet Specialty Network, Inc.

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1987 N.W. 88th Court | 1987 N.W. 88th Court |
| Suite, Apt. #, etc.: Suite 201 | Suite, Apt. #, etc.: Suite 201 |
| City & State: Miami, FL | City & State: Miami, FL |
| Zip: 33172 Country: | Zip: 33172 Country: |

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1164535 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Max R. Price, P.A.

Street Address (P.O. Box Number is Not Acceptable): 6701 Sunset Drive

Suite 104

City: Miami FL Zip Code: 33143

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

**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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | Max R. Price |
| STREET ADDRESS | 6701 Sunset Drive, # 104 |
| CITY-ST-ZIP | Miami, FL 33143 |
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ Alex Tirado President 1/7/03 (305) 936-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jr 1/15