FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91303 006 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000064868

1. Entity Name
myotonica associates, Inc.

DO NOT WRITE IN THIS SPACE

11024245

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2. Principal Place of Business	3. Mailing Address
230 NW 87th Ave.	911 SW 87th Ave.
Suite, Apt. #, etc. I-214	Suite, Apt. #, etc.
City-State Miami, FL	City-State Miami, FL
Zip 33172 Country USA	Zip 33174 Country USA

4. FEI Number 61-1419758 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Diez, Lilian J.

Street Address (P.O. Box Number is Not Acceptable): 911 SW 87th Ave.

City: Miami FL Zip Code: 33174

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] 4/24/03
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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Diez, Lilian J.
STREET ADDRESS	911 SW 87th Ave.
CITY-ST-ZIP	Miami, Florida 33174
TITLE	VD
NAME	Ramos, Lourdes C.
STREET ADDRESS	911 SW 87th Ave.
CITY-ST-ZIP	Miami, Florida 33174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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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: [signature] 4/24/03 (305) 266-5519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #