FILED
May 27, 2003 8:00 am
Secretary of State

04-28-2003 91525 019 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/.

DOCUMENT # P02000065056

Entity Name
Manuel A.Ojeda MD,PA

55043661

Principal Place of Business
6039 Collins Ave #311
Miami Beach,Fl

Mailing Address
6039 Collins Ave #311
Miami Beach,Fl 33140

2. Principal Place of Business | 3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

Zip | Country | Zip | Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0720868 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent
Jorge D Heredia CPA
1428-SW-124 Pl
Miami,Fl 33184

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City | FL | Zip Code 33140

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 resigning) 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

TITLE	PD
NAME	Manuel A Ojeda,MD
STREET ADDRESS	6039 Collins Ave#311
CITY-ST-ZIP	,MB Fl 33140
TITLE	SD
NAME	Alexandra Jimennez
STREET ADDRESS	6039 Collins ave#311
CITY-ST-ZIP	,Mb,Fl 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: _____ 4/23/03
Signature MUST BE PRINTED NAME OF VALID OFFICER OR DIRECTOR Date Daytime Phone #

ALEXANDRA JIMENEZ