2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address 5876 S.W 4TH STREET

MIAMI FL 33144

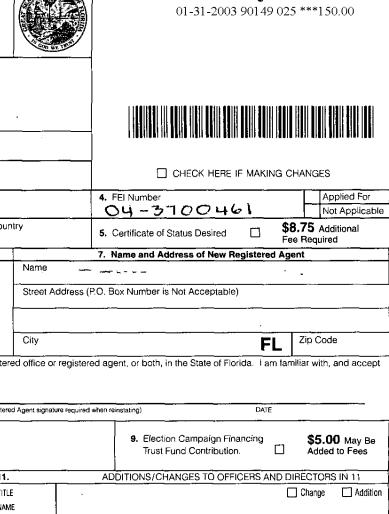
P02000072444 **DOCUMENT#**

1. Entity Name

Principal Place of Business

5876 S.W 4TH STREET MIAMI FL 33144

ROBERTO J. ORTIZ, M.D., P.A.



FILED

Jan 31, 2003 8:00 am Secretary of State

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2. Principal Place of Business		3. Mailing Address		I TODATODAY TAY ODAYO ITRIA ROTAT BRAIN BRAIN ROTAT ERONO ITRIA OTRIA BARIN BARIN BARIN BARIN BARIN BARIN BARIN
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & Star	e	City & State		4. FEI Number Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
ODTIZ DO	OPERATO I		Name	6
ORTIZ, RO	ATH STREET	;	Street	et Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33144				
			City	FL Zip Code
	named entity submits this statement fo tions of registered agent.	r the purpose of changir	ng its registered office	e or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable.	(NOTE: Registered Agent sign	gnature required when reinstating) DATE
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ortiz, Roberto J 5876 S.W 4th Street Miami Fl 33144	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition Sss
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition

plied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information I 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 shee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied v indicated on this report or supplement of the corporation or the receiver or thanged, or on an attachment with an with all other like empowered.

SIGNATURE:

'ure required SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #