

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

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90097 008 ***150.00

DOCUMENT # P02000073223



1. Entity Name
ALBERTO B. ESQUENAZI, M.D., P.A.

Principal Place of Business
**7900 SW 57TH AVENUE
SUITE 21
MIAMI FL 33143**

Mailing Address
**7900 SW 57TH AVENUE
SUITE 21
MIAMI FL 33143**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

4. FEI Number
15-3072545

Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIAMI CORPORATE SYSTEMS, INC.
283 CATALONIA AVENUE
CORAL GABLES FL 33134**

Name
Alberto B. Esquenazi, M.D.

Street Address (P.O. Box Number is Not Acceptable)
7900 S.W. 57th Avenue, Suite 11

City
Miami State
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 **2/20/03**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESQUENAZI, ALBERTO B M.D. 7900 SW 57TH AVENUE #21 MIAMI FL 33143	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **2/20/03** DAYTIME PHONE # **(305) 662-3884**

CR2E034 (10/02)