


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

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**  
05-12-2003 90211 009 \*\*\*150.00

DOCUMENT # P02000095974  
1. Entity Name  
CARLOS A. CONTRADO, M.D., P.A.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
13205 S.W. 137TH AVENUE  
Suite, Apt. #, etc.  
212  
City & State  
MIAMI, FLORIDA  
Zip  
33186

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0641501  
Applied For  
Not Applicable

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

7. Name and Address of Current Registered Agent  
Name CARLOS A. CONTRADO, M.D.  
Street Address (P.O. Box Number is Not Acceptable)  
9490 S.W. 104TH STREET  
City MIAMI FL Zip Code 33176-3609

**DO NOT WRITE  
IN THIS SPACE**

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, by or on behalf of the registered agent and filed electronically STATE: Florida or filed electronically with the Secretary of State

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 NAME STREET ADDRESS CITY- ST- ZIP	DIRECTOR - CARLOS A. CONTRADO, M.D. 9490 S.W. 104TH STREET MIAMI, FLORIDA 33176-3609	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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 titles, and powers.

SIGNATURE:  CARLOS A. CONTRADO APRIL 30, 2003 305-251-4151  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE0348 (12/02)