

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92204 006 \*\*\*150.00

0025952 AV

**DOCUMENT # P92000011138**

1. Entity Name  
**GABRIEL A. COSTA, M.D., P.A.**



Principal Place of Business  
**3659 SOUTH MIAMI AVENUE  
SUITE 4001  
MIAMI FL 33133**

Mailing Address  
**3659 SOUTH MIAMI AVENUE  
SUITE 4001  
MIAMI FL 33133**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**410 S.W. 128th Avenue**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Miami, FL**

4. FEI Number **65-0379918**

Applied For  
 Not Applicable

Zip **33184** Country

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

6. Name and Address of Current Registered Agent  
**COSTA, GABRIEL A  
3659 SOUTH MIAMI AVE  
STE #4001  
MIAMI FL 33133**

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

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 \_\_\_\_\_ (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	<b>D</b> <input type="checkbox"/> Delete <b>COSTA, GABRIEL A</b> <b>3659 S. MIAMI AVE #4001</b> <b>MIAMI FL 33133</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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(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: GABRIEL A. COSTA, MD**  **4/20/03**  **(305) 285-9153**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)