

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

FILED
Aug 06, 2003 8:00 am
Secretary of State

08-06-2003 90056 013 ***558.75

DOCUMENT # P93000025366

1. Entity Name
MANUEL V. FEIJOO M.D. P.A.



Principal Place of Business
18120 NW 18 ST
PEMBROKE PINES, FL 33029

Mailing Address
18120 NW 18 ST
PEMBROKE PINES, FL 33029

2. Principal Place of Business
13064 SW 26 ST.
Suite, Apt. #, etc.

3. Mailing Address
13064 SW 26 ST.
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
MIRAMAR FL

City & State
MIRAMAR FL

4. FEI Number
65-0409050

Applied For
 Not Applicable

Zip
33029 Country
USA

Zip
33029 Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FEIJOO, MANUEL V
18120 NW 18 ST
PEMBROKE PINES, FL 33029

Name
MANUEL V. FEIJOO
Street Address (P.O. Box Number is Not Acceptable)
13064 SW 26 ST.
City **MIRAMAR** FL Zip Code **33029**

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
7/24/03

FILE NOW!!! FEES IS \$150.00
After May 15, 2003 Fee will be \$650.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	FEIJOO, MANUEL V	19311 N.W. 8TH STREET	PEMBROKE PINES, FL 33029	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	FEIJOO, MANUEL V.	13064 SW 26 ST.	MIRAMAR, FL 33029 (33027)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 another like empowered.

SIGNATURE:

DATE: **7/24/03** DAYTIME PHONE #: **954-435-2991**

CR2E034 (10/02)