03-15-2004 90082 038 ***150.00
P93000032742

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000032742

1. Entity Name

Ignacio Lopez-Merino MD, PA

W04-11420

FILED
04 MAY -5 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
04 MAY -5 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
200035536312
FLSOS 05/05/04--01051--011 **300.00
94029113

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 02-04

2. Principal Place of Business	3. Mailing Address
7050 NW 4 Street	
Suite, Apt. #, etc. 304	Suite, Apt. #, etc.
City & State Plantation FL	City & State
Zip 33317 Country USA	Zip Country

4. FEI Number 65-0408622 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name JAMES G MULLIN

Street Address (P.O. Box Number is Not Acceptable) 2080 NW BOCA RATON BLVD #6

City BOCA RATON FL Zip Code 33431

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

Fee: 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	
P	Ignacio Lopez-Merino, 7021 SW 18 St, Plantation FL 33317
VP	Lourdes Lopez-Merino, 7021 SW 18 St, Plantation, FL 33317

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/08/04

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

TR