

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

**FILED**  
SEP 18 PM 12:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P93000064968  
1. Entity Name  
GUILLERMO A. FONSECA, M.D., .P.A.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
11880 BIRD ROAD  
Suite, Apt. #, etc.

3. Mailing Address  
11880 BIRD ROAD  
Suite, Apt. #, etc.

City & State  
MIAMI, FL

City & State  
MIAMI, FL

Zip  
33175

Country  
USA

Zip  
33175

Country  
USA

4. FEI Number  
65-0436567

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  
EVELYN CHAPONICK

Street Address (P.O. Box Number is Not Acceptable)  
7925 N.W. 12TH STREET

SUITE 318

City  
MIAMI

FL

Zip Code  
33126

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 \_\_\_\_\_

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	D GUILLERMO A. FONSECA 11880 BIRD ROAD MIAMI, FL. 33175	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200023166342 09/18/03--01020--005 **450.00
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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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034B (12/02)

Attachment

P93000064968  
GUILLERMO FONSECA, M.D., P.A.  
11880 BIRD ROAD  
MIAMI, FL 33175

**Doc. #P93000064968**

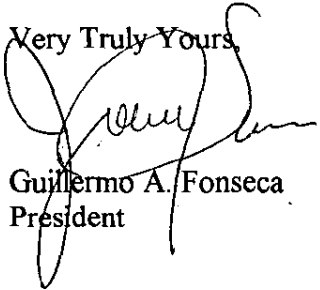
September 5, 2003

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

To Whom It May Concern:

The purpose of this letter is to let your office know that as of today I have not received the Annual Report form for my corporation for the year 2002 or 2003. I've called several times requesting it, and every time the response was, we will send you as soon as possible. Today when I called someone at your office finally told me that I could download this form from the internet. She also told me that I need it to write a letter explaining what had happened, so your office could review my case and attached a \$300.00 check with the annual report. I'm sending it to your office the way I was instructed by your office. If you need further information regarding this matter please, do not hesitate to contact me at your earliest convenience.

Very Truly Yours,

  
Guillermo A. Fonseca  
President