

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90136 010 ***150.00

DOCUMENT # P93000080406



1. Entity Name
JOSE PORFIRIO FERRER, M.D., P.A.

Principal Place of Business
**5101 SW 8THS T
SUITE 302
MIAMI FL 33134
US**

Mailing Address
**8281 LA RAMPA STREET
CORAL GABLES FL 33143
US**

00015033



2. Principal Place of Business
8281 LA RAMPA

3. Mailing Address

Suite, Apt. #, etc.
CORAL GABLES

Suite, Apt. #, etc.

City & State
FLA. 33143

City & State

Zip Country

Zip Country

4. FEI Number **65-0450139**

Applied For
Not Applicable

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

**FERRER, SARA R
8281 LA RAMPA STREET
CORAL GABLES FL 33143**

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

Signature, typed or printed name of registered agent and title if applicable.

(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 **D** ☐ Delete
NAME **FERRER, JOSE P MD**
STREET ADDRESS **951 SW 42ND AVE., SUITE 302**
CITY-ST-ZIP **MIAMI FL 33134**

TITLE **FERRER JOSE P M.D.** ☒ Change ☐ Addition
NAME **8281 LA RAMPA ST**
STREET ADDRESS **CORAL GABLES, FL 33143**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)