2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P93000084296 Jul 26, 2000 8:00 am Secretary of State 1. Entity Name JORGE L. BARBEITO, M.D., P.A. 07-26-2000 90014 015 ***150.00 Principal Place of Business Mailing Address 551 W. 51ST PLACE., SUITE 204 551 W. 51ST PLACE., SUITE 204 HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0472166 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BARBEITO, JORGE L Street Address (P.O. Box Number is Not Acceptable) 551 W. 51ST PLACE., SUITE 204 HIALEAH FL 33012 Zip Code City 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change ☐ Addition Delete TITLE BARBEITO, JORGE L NAME NAME 9241 S.W. 146TH CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33186** CITY-ST-ZIP STD Change ☐ Addition Delete TITL F BARBEITO, MARIA C NAME 9241 S.W. 146TH CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Attachment DW74636

JORGE L BARBEITO MD,P.A. 551 WEST 51 PL SUITE 204 HIALEAH, FL 33012

July 20,2000

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

Document # P93000084296

Dear Sirs:

As per our conversation with Christa from your office, attached please find our 2000 Uniform Business Report (UBR), along with our check in the amount of ONE HUNDRED FIFTY DOLLARS (\$150.00). As I explained to Christa we never received the first notice and we called the Secretary of State THREE (3) times to request the application and it wasn't received until July 19,2000. Therefore, Christa advised us to only submit the ONE HUNDRED AND FIFTY DOLLARS (\$150.00).

If you have any questions please do not hesitate to contact me.

TRULY YOURS,

IORGE L BARBEITO MD.