2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P93000086443** Jan 27, 2000 8:00 am 1. Entity Name **Secretary of State** ROBERTO A. LLANTADA M.D., P.A. 01-27-2000 90176 049 ***150.00 Principal Place of Business Mailing Address 3831 PALM A KEO FINEM 3650 PALM-AV HIALEAH FL 33012 HIALEAH FL 33012-4445 HIALEAH PL 330/2 3. Mailing Address 2. Principal Place of Business alm Ave. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0455187 Not Applicable ialean \$8.75 Additional 5. Certificate of Status Desired Fee Required 11)immi-Lade Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LLANTADA, ROBERTO 3831 PALM AVE 3668 PALM-AVENUE HIALEAH FL 33012 HIALEAH FC. 33012 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS(\$150.00) 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE Change TITLE LLANTADA, ROBERTO A NAME NAME STREET ADDRESS STREET ADDRESS 2800 S.W. 108TH PLACE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33165** ☐ Addition ☐ Change STD Delete TITLE LLANTADA, LEONOR NAME NAME STREET ADDRESS STREET ADDRESS 2800 S.W. 108TH PLACE CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33165** ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _△

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR D

Pate Ato D. Llombodo Pdt. 1-10-00