2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P94000000487 DOCUMENT

Princ	oinal E	21000	of Bu	einose	

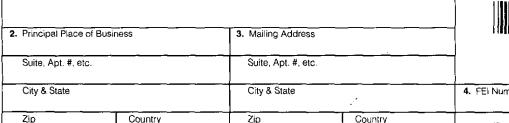
8560 S.W. 8TH STREET

1. Entity Name

Mailing Address 8560 S.W. 8TH STREET

MIAMI FL 33144 MIAMI FL 33144

JORGE LUIS DOMINGUEZ, D.M.D., P.A.





05-16-2003 90176 036 ***150.00

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☐ CHECK HERE IF MAKING CHANGES

ber	65-0506781	Applied For
	02.0300101	Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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DOMINGUEZ, JORGE L 8560 SW 8TH ST.	Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33144	
	City Zip Code

B. T	he 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 arr	familiar with, and accept
t -	he obligations of registered agent.	

	O'griature, typed or	printed harrier of registered agent	and the ne
	FILE NOW!!!	FEE IS \$150.00	
Aft	ter May 1, 2003	Fee will be \$550.00	

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be Added to Fees

I .	k Payable to Florida Department of State			Trust Fund Contribution.	∐ Added	to Fees
10.	10. OFFICERS AND DIRECTORS 11. A			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DOMINGUEZ, JORGE L 8560 SW 8TH ST. MIAMI FL 33144	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	//	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition

oex not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the same legal effect as if made under oath; that I am an officer or director ecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied indicated on this report or supplemental repo of the corporation or the receiver or trustee empoysered to

SIGNATURE:

AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR