

APPROVED  
AND  
FILED

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03 JUN -9 PM 12:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #P94000058783

1. Entity Name

JORGE L. BARROS, M.D., P.A.



**DO NOT WRITE IN THIS SPACE**

55045383

04/28/03 91326 030 \$150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
601 North Flamingo Road

3. Mailing Address  
2655 LeJeune Road

Suite, Apt. #, etc.  
Suite 108

Suite, Apt. #, etc.  
Suite 804

City & State  
Pembroke Pines, Florida

City & State  
Coral Gables, Florida 33134

4. FEI Number  
65-0511583

Applied For  
 Not Applicable

Zip  
33028

Country  
BROWARD

Zip  
33134

Country  
MIAMI-DADE

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  
LESTER G. KATES, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
Gables International Plaza  
2655 LeJeune Road, Suite 804

City  
Coral Gables FL Zip Code  
33134

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

*Lester G. Kates*

5-30-03

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

(NOTE: Registered Agent signature required when registering)

DATE

January 1st - May 31st - \$150.00  
After May 1st - Fee is \$200.00  
\*Amended UBR is \$75.00  
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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P.D.T.S.  
BARROS, JORGE L. M.D.  
601 N. Flamingo Road, Suite 108  
Pembroke Pines, Florida 33028

TITLE  
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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)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 507, 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 #

4/22/03 (984) 317-323

CFE0348 (1/2/02)