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FILED
Aug 16, 2001 8:00 am
Secretary of State

05-18-2001 91592 018 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 9400006046
1. Entity Name **LLORET AND FIALKOW, M.D.S., P.A.**

Principal Place of Business **Mailing Address**
8940 N Kendall Dr Suite 707-E 8940 N Kendall Dr Suite 707-E
Miami, FL 33176 Miami, FL 33176

2. Principal Place of Business **3. Mailing Address**
7400 SW 87 AVE 7400 SW 87 AVE
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
Miami, Florida Miami, Florida
Zip **Country** **Zip** **Country**
33173 33173

4. FEI Number **Applied For**
65-0512292 ☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

Toland, Bruce Jay Esquire
C/O Bruce Jay Toland, P.A.
801 Brickell Ave. Suite 1501
Miami, Florida 33131

7. Name and Address of New Registered Agent

Name Toland, Bruce Jay Esquire

Street Address (P.O. Box Number is Not Acceptable)
80 SW 8th St. Suite 1920

City Miami **FL** **Zip Code** 33130

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

(Signature of Bruce Jay Toland)

(Signature of Jonathan A. Fialkow)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐
(See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	Lloret, Ramon L	8940 N Kendall Drive Ste. 707E	Miami, Florida 33176	☐
	Fialkow, Jonathan A	8940 N Kendall Drive Ste. 707E	Miami, Florida 33176	☐
				☐
				☐
				☐
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☒ Change	☐ Addition
	Lloret, Ramon L	7400 SW 87th Ave. Ste. 100	Miami, Florida 33173	☒	☐
	Fialkow, Jonathan A	7400 SW 87th Ave. Ste. 100	Miami, Florida 33173	☒	☐
	Gomez, Alvaro A	7400 SW 87th Ave. Ste. 100	Miami, Florida 33173	☐	☒
				☐	☐
				☐	☐
				☐	☐

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of Jonathan A. Fialkow)

Jonathan A. Fialkow 7/31/01 (505)275-8200

DO NOT WRITE IN THIS SPACE

CR2ED04 (11/00)