CR2E034 (9/01)

Daytime Phone #

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2002 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

Feb 26, 2002 8:00 am P95000008851 DOCUMENT # **Secretary of State** 1. Entity Name 02-26-2002 90127 016 ***150.00 JOSE F. BACA M.D. INC. DEN'TEL Principal Place of Business Mailing Address 777 E 25 ST 777 E 25 ST SUITE 509 SUITE 509 HIALEAH FL 33013 HIALEAH FL 33013 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0559711 Not Applicable Zip Country Zip Country \$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 Name BACA, AMANDA M Street Address (P.O. Box Number is Not Acceptable) 777 E 25 ST SUITE 509 HIALEAH FL 33013 Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. (See criteria on back) Trust Fund Contribution. Added to Fees "Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BACA, JOSE F NAME STREET ADDRESS 777 E 25 ST STREET ADDRESS CITY ST ZIP. HIALEAH FL 33013 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME BACA, AMANDA M STREET ADDRESS STREET ADDRESS 777 E 25 ST CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33013 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 trusted expounding the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

ke empowered.