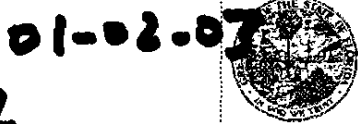


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000018030

1. Entity Name

Ana Caos, M.D., P.A.



UBL

FILED

03 JUL -7 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3041 N.W. 3rd Street

Suite, Apt. #, etc.

3. Mailing Address

231 Altara Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Coral Gables, FL

Zip
33125

Country
USA

Zip
33146

Country
USA

4. FEI Number

65-0561481

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Caos, Ana

Street Address (P.O. Box Number is Not Acceptable)

3041 N.W. 3rd Street

City Miami

FL

Zip Code
33125

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

DPST Caos, Ana
3041 N.W. 3rd Street
Miami, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

12. 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 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

✓ 6/28/10 ✓ (305) 442-2863
Date Signature Phone #

CR20036R (1/02)

Attachment #

June 23, 2003

Uniform Business Report
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: *Ana Caos, M.D. P.A.*
Document #P95000018030
2003 Uniform Business Report

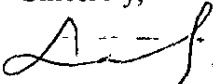
Gentlemen:

Enclosed find our 2003 Annual Report and our \$450.00 check for the filing fee.

Please be advised that it is the policy of our company to pay all bills upon receipt. Consequently if this has not been paid we undoubtedly had not received it. On this date, our accountant notified us that the report had not been filed and needed to be filed immediately.

We apologize for any inconvenience and thank you for your cooperation in this matter.

Sincerely,


Ana Caos, MD
Director