2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

DOCUMENT # 1. Entity Name

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

1884 S.W. 57TH AVE **MIAMI FL 33155**

P95000021204

1884 S.W. 57TH AVE

MIAMI FL 33155

3. Mailing Address

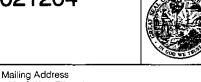
City & State

Zip

Suite, Apt. #, etc.

US

VICENTE F. FRANCO, M.D., P.A.



May 07, 2003 8:00 am § Secretary of State **FILED**

**150.00

	()5-07-20)03 9016	63 014 *
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i				

5. Certificate of Status Desired



6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

FRANCO, VICENTE F 1884 SW 57TH AVE **MIAMI FL 33155**

Name				
Street Address (P.O	. Box Number is Not Acc	eptable)		
City			Zin Code	

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.

Country

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

Country

(NOTE: Registered Agent signature required when reinstating)

DATE

\$8.75 Additional

Fee Required

9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees

10.	OFFICERS AND DIRECTOR	RS .	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRANCO, VICENTE F 1884 SW 57TH AVE MIAMI FL 33155	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete T	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADORESS CITY-SI-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-71P		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change	☐ Addition

12. Thereby 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 Block 11 if changed, or on an attachment with

SIGNATURE: