

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000028559

1. Entity Name

JORGE LUIS SOSA, M.D., P.A.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90025 040 ***558.75

Principal Place of Business

4751 W. 4TH AVE
 HIALEAH FL 33012
 US

Mailing Address

4751 WEST 4TH AVE.
 7100 W 20 AVE #608
 HIALEAH FL 33012
 US

2. Principal Place of Business

3499 W. 4th Ave.

3. Mailing Address

3499 W. 4th Ave.

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State

Hialeah Florida

City & State

Hialeah Florida

4. FEI Number

65-0576667

Applied For

Not Applicable

Zip

33012

Country

USA

Zip

33012

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOSA, JORGE L. M.D.
 9320 S.W. 17TH STREET
 MIAMI FL 33165

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD Delete
 NAME SOSA, JORGE L. M.D.
 STREET ADDRESS 4751 WEST 4TH AVE.
 CITY-ST-ZIP HIALEAH FL 33012

TITLE VTS Delete
 NAME SORI, CRISTINA
 STREET ADDRESS 4751 WEST 4TH AVE.
 CITY-ST-ZIP HIALEAH FL 33012

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Same Change Addition
 NAME Same
 STREET ADDRESS 3499 W. 4th Ave. #201
 CITY-ST-ZIP Hialeah, FL 33012

TITLE Same Change Addition
 NAME Same
 STREET ADDRESS 3499 W. 4th Ave #201
 CITY-ST-ZIP Hialeah, FL 33012

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 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 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~~ RECORDED. SOSA, J.L.D.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-10-00 300 558041



DO NOT WRITE IN THIS SPACE