

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90151 001 ***150.00

DOCUMENT # **P95000049357**



1. Entity Name
WILLIAM TEJEIRO, M.D., P.A.

Principal Place of Business
**555 E 25TH ST
SUITE 220
HIALEAH FL 33013
US**

Mailing Address
**555 E 25TH STREET
SUITE 220
HIALEAH FL 33013
US**



2. Principal Place of Business

3. Mailing Address
P.O. Box 430106

Suite, Apt. #, etc.
3899 NW 7th ST #200

Suite, Apt. #, etc.
MIAMI

CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FL

City & State
FL.

4. FEI Number **65-0590253**

Applied For
 Not Applicable

Zip Country
33126 USA

Zip Country
33243-0106 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TEJEIRO, WILLIAM
555 E 25TH STREET
SUITE 220
HIALEAH FL 33013**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD <input type="checkbox"/> Delete
NAME	TEJEIRO, WILLIAM MD
STREET ADDRESS	555 E 25TH STREET, SUITE 220
CITY-ST-ZIP	HIALEAH FL 33013
TITLE	ADMINISTRATOR <input type="checkbox"/> Delete
NAME	LUISA BELEN TEJEIRO
STREET ADDRESS	3899 NW 7th ST Ste. 200
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Delete
NAME	
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Luisa Belen Tejeiro**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUISA BELEN TEJEIRO
1/28/03 Date
(305) 642-5664 Daytime Phone #

CR2E034 (10/02)