**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P95000052542  1. Entity Name MANUEL SIVINA, M.D., P.A.							Jan 30, 2002 8:00 am Secretary of State 01-30-2002 90079 021 ***150.00				
Principal Place of Business 4300 ALTON ROAD SUITE 212A MIAMI BEACH FL 33140			Mailing Address 4300 ALTON ROAD SUITE 212A MIAMI BEACH FL 33140								
2. Principal Place of Business 3			3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt, #, etc.	uite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State			City & State			<b>4.</b> F	65-0595411			plied For t Applicable	
Zip Country			Žip Country			5. (	5. Certificate of Status Desired See Required Fee Required				
	6. Name and Add	ress of Current Reg		7. 1	Name and Address of New Reg						
SIVINA, MANUEL M.D. 4300 ALTON ROAD SUITE 212A					Name Street Address (P.O. Box Number is Not Acceptable)						
MIAMI BEACH FL 33140					City			FL	Zip Code	<del></del>	
8. The above	named entity submits	this statement for the	e purpose of changing its	registere	d office or re	egistered ag	ent, or both, in the State of Florid		I		
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature registered agent and title if applicable.  (NOTE: Registered Agent signature registered agent and title if applicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2002 Fee will be \$550.00  After May 1, 2002 Fee will be \$550.00  Make Check Payable to Department of \$100.000  Signature, typed or printed name of registered agent and title if applicable.  NOTE: Registered Agent signature registered agent and title if applicable.						0.00	10. Election Campaign Finan Trust Fund Contribution.	DATE cing		<b>0</b> May Be to Fees	
11.	1_	OFFICERS AND DIF		12.		AD	DITIONS/CHANGES TO OFFICE				
NAME STREET ADDRESS CITY-ST-ZIP	D SIVINA, MANUEL 4300 ALTON ROA MIAMI BEACH FL		□ Delete		l l			ı	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					[	Change	☐ Addition	
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indicated of the cor	on this report or support or support or the receiver	lemental report is tru er or trustee empowe	e and accurate and that m	ny sianati	ure shall hav	e the same t	119.07(3)(i), Florida Statutes. I fu legal effect as if made under oat da Statutes; and that my name a	h: that I am	n an officer i	or director	