May 01, 2003 8:00 am
Secretary of State
05-01-2003 90362 038 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000093556

1. Entity Name
MARIA R. FERNANDEZ GOMEZ, P.A.

Principal Place of Business	Mailing Address
999 PONCE DE LEON BLVD. STE 601 CORAL GABLES, FL 33134	999 PONCE DE LEON BLVD. STE 601 CORAL GABLES, FL 33134

[X] CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
2199 Ponce de Leon Blvd		2199 Ponce de Leon Blvd	
Suite, Apt. #, etc.: 201		Suite, Apt. #, etc.: Suite 201	
City & State: Coral Gables, FL		City & State: Coral Gables, FL	
Zip: 33134	Country: US	Zip: 33134	Country: US

4. FEI Number: 65-0624808 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOMEZ-FERNANDEZ, MARIA R
999 PONCE DE LEON BLVD.
#601
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name: Maria R. Fernandez Gomez
Street Address (P.O. Box Number is Not Acceptable): 2199 Ponce de Leon Blvd.
Suite 201
City: Coral Gables FL Zip Code: 33134

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] MARIA FERNANDEZ GOMEZ 4-28-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	DP	[X] Delete	TITLE	DP	[X] Change ☐ Addition
NAME	GOMEZ-FERNANDEZ, MARIA R		NAME	MARIA R. Fernandez Gomez	
STREET ADDRESS	999 PONCE DE LEON BLVD. #601		STREET ADDRESS	2199 Ponce de Leon Blvd, Suite 201	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: [signature] MARIA FERNANDEZ GOMEZ 4-28-03 (305) 441-8080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #