

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90420 001 ***150.00

DOCUMENT # P96000024452

1. Entity Name
PABLO J. ACEBAL M.D., P.A.



Principal Place of Business
**11760 BIRD ROAD
STE. 710
MIAMI FL 33175
US**

Mailing Address
**11760 BIRD ROAD
STE. 710
MIAMI FL 33175
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

8940 N. Kendall Drive

3. Mailing Address

8940 North Kendall Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 707-E

Suite 707-E

City & State

City & State

MIAMI, FL

MIAMI, FL 33

Zip

Country

Zip

Country

33176

U.S.

33176

U.S.

4. FEI Number **65-0654480**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ACEBAL, PABLO J M.D.
11760 BIRD ROAD
STE. 710
MIAMI FL 33175**

7. Name and Address of New Registered Agent

Name **Acebal, Pablo J. M.D.**
Street Address (P.O. Box Number is Not Acceptable)
8940 N. Kendall Dr, Suite 707E
City **MIAMI** FL **33176**

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, 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

<p>TITLE D <input type="checkbox"/> Delete</p> <p>NAME ACEBAL, PABLO J M.D.</p> <p>STREET ADDRESS 11760 BIRD ROAD STE. 710</p> <p>CITY-ST-ZIP MIAMI FL 33186</p>	<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>
<p>TITLE <input type="checkbox"/> Delete</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>	<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>
<p>TITLE <input type="checkbox"/> Delete</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>	<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>
<p>TITLE <input type="checkbox"/> Delete</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>	<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>
<p>TITLE <input type="checkbox"/> Delete</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>	<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>
<p>TITLE <input type="checkbox"/> Delete</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>	<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>

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 REQUIRED

1-6-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)