

**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**

Suite, Apt. #, etc.  
**4-707-E**

City & State  
**MIAMI, FL**

Zip  
**33176**

Country  
**U.S**

3. Mailing Address

**8940 North Kendall Dr**

Suite, Apt. #, etc.  
**SUITE 707-E**

City & State  
**MIAMI, FL 33**

Zip  
**33176**

Country  
**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 Zip Code  
**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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ACEBAL, PABLO J M.D.</b>	NAME	
STREET ADDRESS	<b>11760 BIRD ROAD STE. 710</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-03

Date

Daytime Phone #

CR2E034 (10/02)