

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000052562**

1. Entity Name

**OSCAR MEDDEZ TOURINO, MD PA - ASSO-
CIATES INC**

FILED

03 JUN -4 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**2298 SW 8th Street
MIAMI, FL 33135**

**2298 SW 8th Street
MIAMI, FL 33135**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. EEI Number

67-0673735

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEDDEZ OSCAR
2298 SW 8th Street
MIAMI, FL 33135**

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

SIGNATURE

Signature, typed or printed name of individual agent and title if applicable

(NOTE: Registered Agent signature required with this statement)

DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so
(See criteria on back)

☐

**FILE NOW!!! FEE IS \$100.00
After MAY 1, 2000 Fee will be \$800.00
Many Check Privilege in Department of State**

10. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD MEDDEZ OSCAR 2298 SW 8th Street Miami FL 33135	☐ Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Change ☐ Addition

**700020514427
06/04/03-01035-011**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with my address, with all other like information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date of Filing

06/29/03 786 285 2024

gmk

OSCAR MENDEZ TOURINO MD PA & ASSOCIATES INC

2298 SW 8 ST
MIAMI, FL 33135
305-642-4804

May 30, 2003

Florida Department of State,

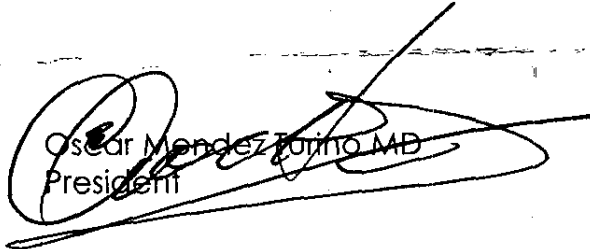
We have received the reinstate letter from your department, including fee for \$900.00.

After that we contact you by phone and we explain to you department the reason witch were never paid the renewal for this company for year 2002, due we never received by mail the request to file this requirement. For that reason, the costumer services explain to us write this letter to your deparment and sent copy form the reinstate letter and a check for \$300.00

Sincerely,



Guillermo Martinez
Accountant



Oscar Mendez Tourino MD
President