2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: "

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P96000074396 May 19, 2000 8:00 am 1. Entity Name Secretary of State TOMAS VILLANUEVA, D.O., P.A. 05-19-2000 90100 001 ***150.00 Principal Place of Business Mailing Address TOMAS VILLANEVA DOPA TOMAS VILLANEVA DOPA 8880 W FDAGLER ST STE LB MIANU-FL 33144 8080 W FLAGLER ST STEVE MIAML FL 33144-2100 2. Principal Place of Business 3. Mailing Address 11760 Bied 11760 BiRd Road. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Suite Applied For City & State 4. FEI Number City & State 65-0691743 miAmi Not Applicable MiAno \$8.75 Additional 5. Certificate of Status Desired DAde Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent /ill Anueua TOMAS VILLANUEVA, TOMAS D Street Address (P.O. Box Number is Not Acceptable) 8080 WEST FLAGLER SR. SUITE 1-B **MIAMI FL 33144** 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. VILLA SUEVE, TOMAS D. 11760 Bird Road Svite 112 ☐ Addition Delete TITLE TITLE VILLANUEVA TOMAS D NAME 8080 W. FLAGLER ST #1-B STREET ADDRESS STREET ADDRESS miAmi, Fl. 33175 CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33144 M Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY:ST:ZIP Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITI F ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 trusted empowered to execute this 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 an address with all other like empowered.