

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90394 019 \*\*\*150.00

0324035 AV

**DOCUMENT # P97000001198**

1. Entity Name  
**JACQUELINE D. GREEN, M.D., PA**



Principal Place of Business  
**134 ROSALES CT  
MIAMI FL 33143**

Mailing Address  
**P.O. BOX 43-0942  
MIAMI FL 33243**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3486677**

Applied For

Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREEN, JACQUELINE DR  
134 ROSALES CT  
MIAMI FL 33143**

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. 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

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | <b>P</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>GREEN, JACQUELINE</b>    |                                 |
| STREET ADDRESS | <b>P.O. BOX 43-0942 N/A</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33243</b>       |                                 |
| TITLE          |                             | <input type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |

|                |  |                                 |                                   |
|----------------|--|---------------------------------|-----------------------------------|
| TITLE          |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           |  |                                 |                                   |
| STREET ADDRESS |  |                                 |                                   |
| CITY-ST-ZIP    |  |                                 |                                   |
| TITLE          |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           |  |                                 |                                   |
| STREET ADDRESS |  |                                 |                                   |
| CITY-ST-ZIP    |  |                                 |                                   |
| TITLE          |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           |  |                                 |                                   |
| STREET ADDRESS |  |                                 |                                   |
| CITY-ST-ZIP    |  |                                 |                                   |
| TITLE          |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           |  |                                 |                                   |
| STREET ADDRESS |  |                                 |                                   |
| 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

4/30/03  
Date

305 666-2004  
Daytime Phone #

CR2E034 (10/02)