## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 17, 2003 8:00 am Secretary of State

011	<u> </u>				01-31-2003 90	#121 030 <b>*</b> *	**150.00	
DOCUMENT # P97000010209  1. Entity Name DR. JOSE I. DOMINGO, F.A.C.O.G., P.A.							20000	
Principal Place 2484 CARING V PORT CHARLO	MAY A	Mailing Address 2484 CARING WAY A PORT CHARLOTTE FL 33952						<i>:</i>
2. Principal Pl	ace of Business	3. Mailing Address	_		£ 1221(66) ()# 121)( (651) 254) ABLII 241) SALI	* 11871 9831 11841 9	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKIN	IG CHANGES		_
City & State		City & State			1 4. C. Hallou 66-1793934		oplied For ot Applicable	1
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Curr	ent Registered Agent			7. Name and Address of New Registered	J Agent		1
	يكو ميني المناسبين وساعد العدالات	~ <del>~~~</del>	Name		والمدار والمرابع والمستعلق والمستع والمستعلق و			1
	n, James e I St, Suite 1100		Street Ad	idress (P	O. Box Number is Not Acceptable)			1
	A FL 34236		<u> </u>					1
O/MVOOI/	1100000		City		F	L Zip Cod	e	1
	Latin - h - h - h - h - h - h - h	at for the auroose of changing	tte registered office or	registere	ed agent, or both, in the State of Florida. I ar	n familiar with,	and accept	1
the obligati	ions an badistalen en arteire		Tis registered office of	, ogisio, o	1	10 12	•	
*	Bonings HI	DFACO9			/- 0	<i>8-03</i>		
SIGNATURE	Signature typed or printed name of registered a	agent and title if applicable.	NOTE: Registered Agent signatu	re required	when reinstating) DATE			1
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.	.00 et ed State	الجا يتمناهين الإيال ما 100	<u>يت سے مجار ت</u>	9. Election Campaign Financing Trust Fund Contribution.		0 May Be d to Fees	
	Payable to Florida Departmen	ND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTOR	S IN 11	1
10.	D OFFICERS A	Delete	.tm.e			Change	☐ Addition	18
NAME	DOMINGO, JOSE I		NAME					CR2E034 (10/02)
STREET ADDRESS	137 SEVILLE PLACE SW PORT CHARLOTTE FL 33952		STREET ADDRESS CITY-ST-ZIP					8
CITY+ST-ZIP	PORT CHARLOTTE PL 33502	☐ Delete	TITLE			☐ Change	Addition	18
TITLE NAME		L Detete	NAME					0
STREET ADDRESS			STREET ADDRESS					}
CITY-ST-ZIP	<del></del>		CITY-ST-ZIP			☐ Change	☐ Addition	┨
TITLE NAME	المناجية المالية	Deleti	TITLE NAME	وهم بينها دنينا			- Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP			Channe	- Addition	┨
TITLE		☐ Delete	TITLE NAME			☐ Change	Addition	1
NAME STREET ADDRESS			STREET ADDRESS					
CITY-SI-ZIP			CITY-ST-ZIP					-
TITLE		☐ Delete	ILLE .			Change	☐ Addition	
NAME CIPCET ADODECE			NAME STREET ADDRESS					ĺ
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP					1
TITLE		☐ Delete	TITLE			Change	Addition	
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		•			1
	could, that the information or malind	with this filing does not qualit		ed in Sed	ction 119.07(3)(i), Florida Statutes. I further of	ertify that the in	nformation	1
indicated	certify that the information supplied I on this report or supplemental rep poration or the receiver of trustee to , or on an attachment with an addre	ort is true and accurate this tel	nort as required by Cha	ave the s pter 607	ction in 19.07(3)), Florida Statutes, indirect same legal effect as if made under oath; that "Florida Statutes; and that my name appear	I am an officer s in Block 10 or	or director Block 11 if	
SIGNAT	URE:	PURE REQUI	IRED		2-12-03	629-6	345	
1	/ SIGNATURE AND TYPE	THE THINKS OF PARTY OF SIGNING OFF	THE PERSON WHILE IN THE		C-E-IV			1