2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000012884

1. Entity Name VICTÓR N. SUAREZ M.D., P.A.



FILED Jan 24, 2003 8:00 am Secretary of State 01-24-2003 90091 002 ***158.75

	Mailing Address 8390 W. FLAGLER ST., STE, 221 MIAMI FL 33144					9009599			
2. Principal Place of Business		3. Mailing Address Suite, Apt. #, etc.							
Suite, Apt. #, etc.									
City & State		City &	State		- #+5- 	4.	FEI Number 65-07262-12 Applied For Not Applicable].	
Zip	Country	Zip Coun		try	5.	Certificate of Status Desired \$8.75 Additional Fee Required			
6. Nar	ne and Address of Current	Registered	Agent			7.	. Name and Address of New Registered Agent	1	
					Name				
SUAREZ, VICTOR N 8390 W. FLAGLER ST., STE. 221					Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33144	01., 012. 221							1	
					City		FL Zip Code	1	
the obligations of reg						registered ag	agent, or both, in the State of Florida. I am familiar with, and accept		
After May 1, 2 Make Check Payable	'III FEE IS \$150.00 003 Fee will be \$550.00 to Florida Department of						9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.	OFFICERS AND	DIRECTORS		11.		A(ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	١,	
STREET ADDRESS 8390 W.	JAREZ, VICTOR N 90 W. FLAGLER ST., STE. 221 AMI-FL-33144					Change Addition .	20,047, 100		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREE			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1	-	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-2IP			☐ Delete	4		776	. Change Addition		
TITLE NAME STREET ADDRESS (CITY-ST-ZIP	77		□ Delete	CITY-	T ADDRESS ST-ZIP		Change Addition in 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 fristee 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.

Date

Daytime Phone #