

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000077973

1. Entity Name

CRABILL & ZAMBRANO, D.M.D., P.A.

Principal Place of Business

550 BILTMORE WAY. STE. 760
CORAL GABLES FL 33134

Mailing Address

550 BILTMORE WAY. STE. 760
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0785819

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JAIME, ZAMBRANO
550 BILTMORE WAY
STE. 760
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to 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 VP
NAME CRABILL, JOHN M
STREET ADDRESS 550 BILTMORE WAY., #760
CITY-ST-ZIP CORAL GABLES FL 33134



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE P
NAME ZAMBRANO, JAIME A
STREET ADDRESS 550 BILTMORE WAY., STE. 760
CITY-ST-ZIP CORAL GABLES FL 33134



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
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 trustee 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/20/01 X (305) 867-2772
Date Daytime Phone #

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90009 021 ***150.00

643381



DO NOT WRITE IN THIS SPACE

0160513

CR2E034 (10/00)