

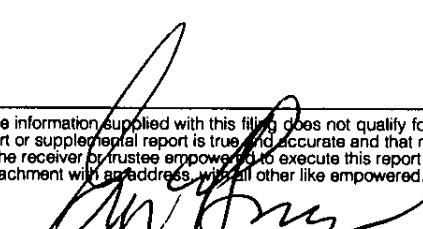


FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000108775		Apr 10, 2008 08:00 Secretary of State	
1. Entity Name GEORGE M. SUAREZ, M.D., P.A.			
Principal Place of Business C/O GEORGE M SUZREZ MD 7000 SW 62BD # 100 MIAMI, FL 33143 US		Mailing Address 7000 SW 62 AVE. # 100 MIAMI, FL 33143 US	
DO NOT WRITE IN THIS SPACE		 01142008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0802300 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUAREZ, GEORGE M 7000 SW 62 AVE. SUITE 100 SOUTH MIAMI, FL 33143		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SUAREZ, GEORGE M 7000 SW 62 AVE. SUITE 100 SOUTH MIAMI, FL 33143	DO NOT WRITE IN THIS SPACE 100000030112 04/22/08-30001-022 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		4/7/08 305 740 0994	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	