

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

FILED
Jul 16, 2003 8:00 am
Secretary of State

07-16-2003 90048 021 ***550.00

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DOCUMENT # P98000014669

1. Entity Name
LUCAS PORRELLO, M.D., P.A.



Principal Place of Business
**8585 SUNSET DRIVE #45
MIAMI FL 33143**

Mailing Address
**8585 SUNSET DRIVE #45
MIAMI FL 33143**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0819296**

Applied For
Not Applicable

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

**PORRELLO, LUCAS
8585 SUNSET DRIVE #45
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 NAME | DPS PORRELLO, LUCAS | <input type="checkbox"/> Delete |
| STREET ADDRESS | 8585 SUNSET DRIVE #45 | |
| CITY-ST-ZIP | MIAMI FL 33143 | |
| TITLE NAME | | <input type="checkbox"/> Delete |
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| 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: *Lucas Porrello* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **PORRELLO, M.D.** **7/14/03** **305-216-0138**
Date Daytime Phone #

CR2E034 (4/03)