

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

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90061 003 ***150.00

DOCUMENT #
1. Entity Name **998000025028**
ARMANDO A. DE FERIA, MD, PA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13087 MAJESTIC WAY
Suite, Apt. #, etc.

3. Mailing Address
13087 MAJESTIC WAY
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **COOPER CITY, FL** City & State **COOPER CITY, FL** 4. FEI Number **650819159** Applied For
Not Applicable

Zip **33330** Country **BROWARD** Zip **33330** Country **BROWARD** 5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **BARBARA DE FERIA**

Street Address (P.O. Box Number is Not Acceptable)
13087 MAJESTIC WAY

City **COOPER CITY FL** Zip Code **33330**

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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT ARMANDO A. DE FERIA, MD 13087 MAJESTIC WAY COOPER CITY, FL 33330	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	DO NOT WRITE IN THIS SPACE
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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARMANDO A. DE FERIA, MD

4/24/02 (954) 434-9195
Date Daytime Phone #

CR2E034B (12/01)