2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

P98000026613



FILED Mar 24, 2003 8:00 am Secretary of State

| | OR S. RODRIGUEZ M.D. MI | | · | | | | | ***150 | |
|---|---|---|---|--------------------|--|--------------------|---------------------|---------------------------------|--|
| 101 NW 1 | 12 AVE | Mailing Address 101 NW 12 AVE MIAMI FL 33128 | | | | | | | |
| 2. Principa | pal Place of Business | 3. Mailing Address | | | | | | | |
| Suite, A | Apt. #, etc. | Suite, Apt. #, etc. | | | | IIII MBIII WALLE | Bill Build tres. | I flife es | (184 filition has h |
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| Zip | Country | | | | 4. FEI Number 65-08 | 324807 | | | Applied For |
| · | | Zip | Country | | 5. Certificate of Status D | | □ \$8 | .75 A | Not Applicated and Applicated Application of the Ap |
| | 6. Name and Address of Currer | nt Registered Agent | | | | - | - Fee | Requir | red |
| RODRIG | GUEZ, HECTOR S | | Name | . <u> </u> | 7. Name and Address o | f New Regis | itered Age | nt | |
| | W 5 STREET | | | | | | | - | |
| | W 5 STHEET FL 33134 | | Street A | | O. Box Number is Not Acc | eptable) | | | |
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| A The abov | | | City | | | | E1 2 | Zip Coc | |
| the obliga | ve named entity submits this statement f ations of registered agent. | for the purpose of changing its | s registered office | or registered | agent, or both, in the Stat | of Florida | famili | | |
| SIGNATURE | | | | | | 6 OI 1 IO | Tälli iairiii. | ar w _{RH} , | and accep |
| DIGINALOHE | Signature, typed or printed name of registered agent | | | | | | | | |
| | | I and title if applicable. (NO) | · · · · · · · · · · · · · · · · · | | | | | | |
| F | FILE NOW!!! FEE IS \$150.00 | | TE: Registered Agent signa | ature required whe | an reinstating) | C | DATE | | |
| Aπe | FILE NOW!!! FEE IS \$150.00 | | TE: Registered Agent signa | ature required whe | 9. Election Campa | lign Financine | | *5 O | |
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Thereby certify that the information supplied with this riling does not quality 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 the corporation of t

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #