

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90090 037 ***150.00

DOCUMENT # P98000074669



1. Entity Name
ALEXIS S. GUERRA, M.D., P.A.

Principal Place of Business
**7171 CORAL WAY, STE 417
MIAMI FL 33155**

Mailing Address
**7171 CORAL WAY, STE 417
MIAMI FL 33155**



2. Principal Place of Business
7171 CORAL WAY

3. Mailing Address
7171 CORAL WAY

Suite, Apt. #, etc.
219

Suite, Apt. #, etc.
219

CHECK HERE IF MAKING CHANGES

City & State
Miami, FL

City & State
Miami FL

4. FEI Number **65-0868331**

Applied For
Not Applicable

Zip
33155

Country

Zip
33155

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

**GUERRA, ALEXIS S M.D.
7171 CORAL WAY, STE 417
MIAMI FL 33155**

Name

Street Address (P.O. Box Number is Not Acceptable)
7171 CORAL WAY

SUITE # 219

City
Miami

FL

Zip Code
33155

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **D** Delete
NAME **GUERRA, ALEXIS S M.D.**
STREET ADDRESS **7171 CORAL WAY, STE 417**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **PLS/T/D** Change Addition
NAME **GUERRA, ALEXIS M.D.**
STREET ADDRESS **7171 CORAL WAY SUITE # 219**
CITY-ST-ZIP **Miami, FL 33155**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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: **Alexis Guerra** **1/8/03** **305-269-4900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)