

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

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90076 019 ***150.00

DOCUMENT # P98000074731

1. Entity Name

Robert A. Montano M.D., P.A.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6450 Collins Ave

Suite, Apt. #, etc.

Apt. 902

City & State

Miami Beach

Zip

33141

Country

3. Mailing Address

6450 Collins Ave

Suite, Apt. #, etc.

Apt 902

City & State

Miami Beach

Zip

33141

Country

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4. FEI Number

65-0905289

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Montano, Robert A

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

6450 Collins Ave. Apt. 902

City Miami Beach

FL

Zip Code 33141

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE PD
NAME Montano Robert A M.D.
STREET ADDRESS 6400 Collins Ave, Apt 902
CITY-ST-ZIP Miami Beach FL 33141

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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 on an attachment with an address, with all other line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Montano

Date

Daytime Phone #

3/17/03 (561) 542-3784

CR2E034B (12/02)