

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

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90236 047 \*\*\*150.00

DOCUMENT # **P98000105195**  
1. Entity Name  
**ALICIA CHILITO, MD, PA**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**10220 SW 121 ST.**  
Suite, Apt. #, etc.

3. Mailing Address  
**10220 SW 121 ST.**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

4. FEI Number  
**65-0885213**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Zip  
**33176** Country  
**USA**

Zip  
**33176** Country  
**USA**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**ALICIA CHILITO MD**

Street Address (P.O. Box Number is Not Acceptable)  
**10220 SW 121 ST.**

City  
**MIAMI** FL Zip Code  
**33176**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>D</b> <b>ALICIA CHILITO</b> <b>10220 SW 121 ST ST.</b> <b>MIAMI, FL 33176</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alicia Chilito* **4/29/02 786/256/1158**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)