

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000428

1. Entity Name

JAIME J. SANCHEZ, M.D., P.A.

FILED

02 NOV 25 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8302 SW 85TH TERRACE

3. Mailing Address

8302 SW 85TH TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number

65-0889301

Applied For

Not Applicable

Zip

33143

Country

USA

Zip

33143

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name JAIME J. SANCHEZ, M.D.

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

8302 SW 85TH TERRACE

City MIAMI

FL

Zip Code 33143

**DO NOT WRITE
IN THIS SPACE**

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

Jaime J. Sanchez

JAIME J. SANCHEZ, M.D.

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

(NOTE: Registered Agent signature required when reinstating)

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 JAIME J. SANCHEZ, M.D. 8302 SW 85TH TERRACE MIAMI, FL. 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500009202695 11/25/02--01066--002 **150.00
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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:

Jaime J. Sanchez

JAIME J. SANCHEZ, M.D. - PRESIDENT

11/20/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

October 28, 2002

DIVISION OF CORPORATIONS
409 East Gaines St.
Tallahassee, Fl. 32399

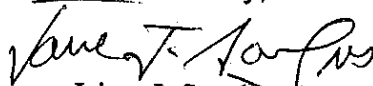
Dear Sirs,

Attached you will find my check to cover renewal fee for the current year.

Please note that the usual report that you use to send to renew the Corporation, has not been yet received and that is why I am sending herewith relevant payment of renewal fee.

Please apologize for delay in paying this, but due to the excessive work I have not noted up to this time that this was still unpaid.

Sincerely,

A handwritten signature in dark ink, appearing to read "Jaime J. Sanchez", written in a cursive style.

Jaime J. Sanchez, M.D., P.A.