

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2003 8:00 am
Secretary of State

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1. Entity Name

JOSE M. TORRES AND ASSOCIATES, M.D., P.A.



Principal Place of Business
2261 N. UNIVERSITY DR
C/O ROLLNICK & LINDEN, P.A.
PEMBROKE PINES FL 33024

Mailing Address
2261 N. UNIVERSITY DR
C/O ROLLNICK & LINDEN, P.A.
PEMBROKE PINES FL 33024

2. Principal Place of Business

3. Mailing Address
PO BOX 820868

Suite, Apt. #, etc.
201

Suite, Apt. #, etc.

City & State

City & State
SOUTH FLORIDA, FL

4. FEI Number
65-0907603

Applied For
Not Applicable

Zip Country

Zip Country
33082-0865 USA

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TORRES, JOSE M M.D.
16440 NW 12TH ST
PEMBROKE PINES FL 33028

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 Delete
NAME **D**
STREET ADDRESS **TORRES, JOSE M M.D.**
CITY-ST-ZIP **16440 N.W. 12TH ST.**
PEMBROKE PINES FL 33028

TITLE Change Addition
NAME **D/P**
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
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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: JOSE M. TORRES JOSE M. TORRES, M.D. 7-03-03 (954)989-1015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)