2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT #P99000035015 JORGE A. CARIDAD, M.D. FILED 01 MAR 19 PH 3: 16 Principal Place of Business Mailing Address SECRETAL Y OF STATE TALLAHASSEE, FLORIDA 2. Principal Place of Business 2601らω・37AV、#907 3. Mailing Address P.O. BOX 144919 Suite, Apt. #, etc. # 907 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City, & State City & State 4. FEI Number Applied For ORAL ABLES, FL. MAMI, 45 09 18531 Not Applicable Country US A Zip \$8.75 Additional 5. Certificate of Status Desired П 33133 NSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YORGE A. CARIDAD CARIBAS Street Address:(P.O. Box:Number is Not-Acce e 907 is this ≰tatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity subm ance wo SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS.\$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Added to Fees After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRESIDENT Addition TITLE TITLE JORGE A. CARIDAD, MD NAME NAME 2601 S.W. 37 AVE. #907 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33133 VICE PRESIDENT TORGE A. CARIBAB, MB DEOL SW 37 ave #907 ☐ Change ☐ Addition TITLE TITLE 800003913158----03/28/01--01009--011 NAME NAME STREET ADDRESS STREET ADDRESS MHMY, FL 33133 ****300.00 ****300.00 CITY-ST-7IP CITY-ST-ZIP Addition TITLE-SECRETARY TITLE ☐ Change JORGE A. CARIDAD, WID 2601 500 37 all # 907 NAME T NAME STREET ADDRESS STREET ADDRESS miani, FC 33133 CITY-ST-ZIP CITY-ST-ZIP TREASURER TITLE Delete TITLE ☐ Change ☐ Addition CARIDAD MD 3) ave 4907 JORGE A. 0601 SW. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 33133 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

and M. JORGE A. CARIDAD, M.D. /-22-0/ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 22, 2001

Florida Dept. of State Division of Corporations

Dear Sirs:

As instructed during my telephone conversation with one of your agents on 1/23/01, I am respectfully requesting that your office waive any penalty fees for the re-in-: statement application for my corporation. I did not receive an application for the year 2000 and was not aware that should that happen that I could call and request it. I now understand the proceedure I should follow in the future.

I would appreciate your assistance in this matter and I am enclosing the three hundred dollar application fee as instructed in the above mentioned conversation.

Sincerely

Jorge A. Caidad, M.D.