


**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90204 001 \*\*\*150.00

DOCUMENT #		P99000037902	
1. Entity Name		JOSE A. VIVO, M.D., PA	

Principal Place of Business	Mailing Address
8940 N. KENDALL DR.	8940 N. KENDALL DR.
901	901
MIAMI FL 33176	MIAMI FL 33176
US	US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State		City & State	
Zip	Country	Zip	Country



<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
4. FEI Number <b>65-0774702</b>	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent	
<b>VIVO, JOSE A</b> <b>8348 SW 84 TERRACE</b> <b>MIAMI FL 33143</b>	Name
	Street Address (P
	City

7. Name and Address of New Registered Agent

(O. Box Number is Not Acceptable)

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

<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2003 Fee will be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b></p>		<p>9: Election Campaign Financing          Trust Fund Contribution. <input type="checkbox"/></p>	<p><b>\$5.00</b> May Be          Added to Fees</p>
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[illegible][illegible]

2. 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: (Signature) REQUIRED 1-13-03 305 271 5533  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #