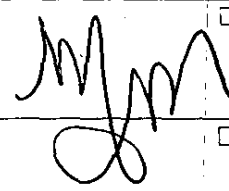


2001 UNIFORM BUSINESS REPORT (UBR)

PG 1 of 2

DOCUMENT # P99000055132		1. Entity Name JAVIER FLORES, M.D., P.A.		FILED 01 APR 26 PM 3:59 SECRETARY OF STATE TALLAHASSEE FLORIDA DO NOT WRITE IN THIS SPACE	
Principal Place of Business 7400 North Kendall Drive Suite 313 Miami, Florida 33156		Mailing Address 1374 Southwest 17 Terrace Miami, Florida 33145			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0929198	Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent Heathe S. Tripp, Esq. 110 Southeast 6 Street, 15 Floor Ft. Lauderdale, Florida 33301				7. Name and Address of New Registered Agent Name Spiegel & Utrera, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 Almeria Avenue City Coral Gables FL Zip Code 33134	
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, typed name, title, and address of the person signing: Natalia Utrera, Vice President Spiegel & Utrera, P.A. 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) <input type="checkbox"/>			FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Flores, Javier		NAME		
STREET ADDRESS	7400 North Kendall Drive, Suite 313		STREET ADDRESS	500004192235--7	
CITY-ST-ZIP	Miami, Florida 33156		CITY-ST-ZIP	-05/10/01--0101--003	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

2000-01UBR


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: Javier Flores Javier Flores Date: 4/10/01 (207) 859-9864
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Pg 2 of 2

**AFFIDAVIT IN SUPPORT OF REQUEST TO
WAIVE THE FLORIDA DEPARTMENT OF STATE
CORPORATE REINSTATEMENT FEES**

STATE OF FLORIDA)
)
COUNTY OF MIAMI-DADE)

1. Javier Flores is the President of JAVIER FLORES, M.D., P.A., a Florida corporation, (hereinafter "Corporation").
2. That the Corporation was administratively dissolved by the Florida Department of State on September 22, 2000.
3. That the Corporation failed to file its 2000 Annual Report or pay the 2000 Annual Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:
 - 3.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,
 - 3.2 the written notice was never received by the Corporation or its Registered Agent that the Florida Department of State was commencing a procedure to administratively dissolve the Corporation.
4. The Corporation requests the Florida Department of State reinstate the Corporation upon the payment by the Corporation of its 2000 and 2001 Annual Report fees and the filing of its 2000 and 2001 Annual Reports, which are presented simultaneously with this Affidavit.
5. JAVIER FLORES, M.D., P.A. satisfies the requirements of the Florida Statutes 607.0401.
6. No further ground or grounds exist for the administrative dissolution of the Corporation.

Dated: ____ day of April 2001

FURTHER, AFFIANT SAYETH NOT

JAVIER FLORES, M.D., P.A.

By: Javier Flores
Javier Flores, President

SWORN AND SUBSCRIBED
before me this 11 day of April, 2001.

Silvia A. Trinidad
Notary Public, State of Florida at Large
Printed Name: SILVIA A. TRINIDAD
Commission Expires:

