

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90980 003 ***150.00

DOCUMENT # P99000069264

1. Entity Name
DADE MEDICAL INSTITUTE, INC.



Principal Place of Business
**1216 MILAN AVENUE
CORAL GABLES FL 33134**

Mailing Address
**1216 MILAN AVENUE
CORAL GABLES FL 33134**



2. Principal Place of Business

3401 N.W. 7th St.

3. Mailing Address

1216 Milan Ave

Suite, Apt. #, etc.
FL.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State
Coral Gables FL.

4. FEI Number **65-0939218**

Applied For

Not Applicable

Zip **33125**

Country **USA**

Zip **33134**

Country **USA**

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

6. Name and Address of Current Registered Agent

**PEREZ, ERNESTO A
125 CADIMA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **Perez Ernesto A.**

Street Address (P.O. Box Number is Not Acceptable)
1216 Milan Ave

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. 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

4/25/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE **PD** ☒ Delete
NAME **PEREZ, ERNESTO A**
STREET ADDRESS **125 CADIMA AVENUE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **SD** ☒ Delete
NAME **GILMORE, MIRIAM**
STREET ADDRESS **125 CADIMA AVENUE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **Perez Ernesto A**
STREET ADDRESS **1216 Milan Ave**
CITY-ST-ZIP **Coral Gables FL 33134**

TITLE **SD** ☒ Change ☐ Addition
NAME **Miriam Gilmore**
STREET ADDRESS **13300 S.W. 98th Pl**
CITY-ST-ZIP **Miami, FL 33176**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED
PEREZ, ERNESTO A.

4/25/03

305.644.1171

CR2E034 (10/02)