

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90065 001 ***163.75

DOCUMENT # P99000071437



1. Entity Name
MIAMI UROLOGIC CLINIC, P.A.

Principal Place of Business
**7171 CORAL WAY
SUITE 319
MIAMI FL 33155**

Mailing Address
**PO BOX 440663
MIAMI FL 33144
US**

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2. Principal Place of Business
7171 CORAL WAY

3. Mailing Address
P.O. Box 440663

Suite, Apt. #, etc.
STE 319

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI

City & State
MIAMI

4. FEI Number **65-0938666**

Applied For
Not Applicable

Zip
FL

Country
DADE FL

Zip
33155

Country
FL

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEREZ, JOSE A
7171 CORAL WAY
STE 319
MIAMI FL 33155**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
PEREZ, JOSE AMADO
7171 CORAL WAY STE 319
MIAMI FL 33155** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE AMADO PEREZ MD 305-264-5606

02-10-2003 Date

Daytime Phone #

CR2E034 (10/02)