

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90205 045 ***150.00

DOCUMENT # P99000073281

1. Entity Name
TAMIAMI MEDICAL GROUP, INC.



Principal Place of Business
5545 S.W. 8TH STREET
SUITE 207
MIAMI FL 33134

Mailing Address
5545 S.W. 8TH STREET
SUITE 207
MIAMI FL 33134



2. Principal Place of Business

41 Tamiami Canal Road

Mailing Address

SAME

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33144

Country

Zip

Country

CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0942213

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, HERIBERTO
5545 S.W. 8TH STREET
SUITE 207
MIAMI FL 33134

new agent signature

7. Name and Address of New Registered Agent

Name

Alexander Morales

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

41 Tamiami Canal Road suite E

City

Miami

FL

Zip Code

33144

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)

Heriberto E Martinez (Agent)

2/19/03

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D MARTINEZ, HERIBERTO	5545 S.W. 8TH STREET, SUITE 207	MIAMI FL 33134	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Director	Morales Alexander	41 Tamiami Canal Road suite B	Miami, FL 33144	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]* SIGNATURE REQUIRED

SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

2/19/03

Daytime Phone #

CR2E034 (10/02)