

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

3. Mailing Address

41 Tamiami Canal Road

SALE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

City & State

City & State

Miami FL

Zip

Country

Zip

Country

33144

☒ 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**

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**

new designatone

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Heriberto Martinez (Owner) **2/19/03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MARTINEZ, HERIBERTO**
CITY-ST-ZIP **5545 S.W. 8TH STREET, SUITE 207
MIAMI FL 33134**

TITLE ☐ Change ☐ Addition
NAME **Director**
STREET ADDRESS **Morales Alexander**
CITY-ST-ZIP **41 Tamiami Canal Road suite B
Miami, FL 33144**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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

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

Date

Daytime Phone #

2/19/03

CR2E034 (10/02)