2001 UNIFORM BUSINESS REPORT (UBR)

Feb 15, 2001 8:00 am DOGUMENT # P99000074193 **Secretary of State** 1. Entity Name JOSE A. GARRIDO DAVILA, M.D., P.A. 02-15-2001 90075 002 ***150.00 Mailing Address Principal Place of Business 4113 STAGHORN LANE 4113 STAGHORN LANE WESTON FL 33331 WESTON FL 33331 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE --City & State Applied For City & State 4. FEI Number 65-0946923 Not Applicable Zlp Country Zin. Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARRIDO DAVILA, JOSE A Street Address (P.O. Box Number is Not Acceptable) 4113 STAGHORN LANE WESTON FL 33331 Zip Code FL 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 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 9. This corporation is eligible to satisfy its Intangible 10.=Election Campaign Financing * \$5.00 May Be After MAY 1, 2001 Fee Will be \$550.00 Tax filing requirement and elects to do so == --Trust Fund Contribution. Added to Fees (See criteria on back)-Make Check Payable to Department of State 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (10/00) TITLE . TITLE Change ☐ Addition C Delete GARRIDO DAVILA, JOSE A NAME NAME 4113 STAGHORN LANE STREET ADDRESS STREET ADDRESS **CR2E034** CITY-ST-ZIP WESTON FL 33331 CITY - ST-ZIP TITLE ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7F ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Change ☐ Delete DILE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Detete Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 a addyssil, with all other like empowered. 954-349 SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED