

2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
Feb 21, 2000 8:00 am  
Secretary of State  
02-21-2000 90015 028 \*\*\*150.00

DOCUMENT # P99000083669  
Entity Name  
JOSE A. LUIS, MD & ASSOCIATES, P.A.

Principal Place of Business Mailing Address  
SW 92ND ST. #104 8500 SW 92ND ST. #104  
FL 33173 MIAMI FL 33156-7379

Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip 33156 Country Zip Country

4. FEI Number 59-2482725 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
LUIS, JOSE A  
7603 SW 91 AVENUE  
MIAMI FL 33173  
7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State  
10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

ii. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
Delete Change Addition  
PJD Jose A. Luis 7603 SW 91 AVE. MIAMI FL 33173  
Delete Change Addition  
S Gisela Luis 7603 SW 91 AVE. MIAMI FL 33173  
Delete Change Addition  
Delete Change Addition  
Delete Change Addition  
Delete Change Addition  
Delete Change Addition  
Delete Change Addition  
Delete Change Addition

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 an address with all other like empowered.

SIGNATURE: Jose A. Luis 2-10-00 305-279-4446  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)