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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 NOV 12 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000103278
 1. Entity Name
 FELIPE ANTONIO DEL VALLE, MD, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9260 S.W. 72nd Street		3. Mailing Address 9260 S.W. 72nd Street	
Suite, Apt. #, etc. Suite 107		Suite, Apt. #, etc. Suite 107	
City & State Miami, FL		City & State Miami, FL	
Zip 33156	Country USA	Zip 33156	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1025446	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name JOSE E. SMITH
Street Address (P.O. Box Number is Not Acceptable) 132 MINORCA AVENUE
City CORAL GABLES FL Zip Code 33134

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 _____ DATE 10/28/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

600008604236
10/28/02--01021--005 **150.00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1, May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to: Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD DEL VALLE, FELIPE A M.D. 9260 S.W. 72nd Street STE.107 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DEL VALLE, ROXANA 12940 SW 63rd Avenue Miami, FL 33156
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/02
Date

Daytime Phone #

CR2E034B (12/01)

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FELIPE ANTONIO DEL VALLE
9260 SW 72ND STREET
SUITE 107
MIAMI, FL 33156

October 21, 2002

~~Division of Corporations~~
Registration Section
P.O. 6327
Tallahassee, Florida 32314

Dear Representative:


Enclosed please find the Uniform Business Report (UBR) for Felipe Antonio del Valle, MD. PA. for processing. I have also enclosed a check in the amount of \$150.00 to cover the filing fee. We respectfully request the waiver of the late filing fee due to the fact that the original Business Report was not received.

The Uniform Business Report was being sent to an incorrect mailing address. The correct mailing address for Felipe Antonio del Valle MD. PA. is as follows:

Felipe Antonio del Valle, MD. PA.
9260 SW 72nd Street
Suite 107
Miami, FL 33156

Thank you for your assistance in resolving this matter, if you have any questions or require additional information, please do not hesitate to contact Roxana del Valle at 305-441-1012.

Sincerely



Roxana del Valle