

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 31, 2002 8:00 am**  
**Secretary of State**

07-31-2002 90094 033 \*\*\*158.75

**DOCUMENT # S10172**

1. Entity Name  
**OSCAR R. GUERRA, M.D., P.A.**

Principal Place of Business      Mailing Address  
**2151 LE JEUNE ROAD**      **P O BOX 14-5028**  
**STE 309**      **CORAL GABLES FL 33114-5028**  
**CORAL GABLES FL 33134**      **US**  
**US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0227428**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUERRA, OSCAR R.**  
**2151 LE JEUNE ROAD**  
**STE 309**  
**CORAL GABLES FL 33134**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	<b>P GUERRA, OSCAR R., M.D.</b> <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>2151 LE JEUNE ROAD, STE 309</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with another like empowered.

SIGNATURE: OSCAR R. GUERRA      7-26-02      (305) 246-9658  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (4/02)

*Attachment*

**OSCAR R. GUERRA, M.D., F.A.C.C., F.A.C.P.**  
DIPLOMATE, AMERICAN BOARD OF  
CARDIOVASCULAR DISEASE AND INTERNAL MEDICINE  
CLINICAL AND INVASIVE CARDIOLOGY  
CARDIAC NUCLEAR MEDICINE

2151 LEJEUNE ROAD, SUITE 309  
CORAL GABLES, FLORIDA 33134

OFFICE: (305) 446-9658  
FAX: (305) 446-8258

*# 510170*

July 26, 2002

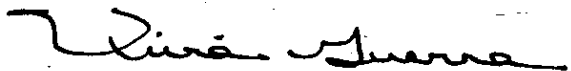
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

To Whom It May Concern:

Enclosed is a newly filled out 2002 Uniform Business Report with a new check, and a copy of the report mailed on May 1, 2002 with a copy of the check mailed at that time. As per Laura S., Corporate Document Examiner, we were to mail a new original report, and send a copy of the report mailed on May 1, 2002, which was never received by your office, and, we should receive our Certificate of Status in approximately 2 weeks.

Your prompt attention to this matter will be greatly appreciated. If you need additional information, please call.

Sincerely,



Vivian Guerra  
Office Manager

# 2002 UNIFORM BUSINESS REPORT (UBR)

U190/00 AV

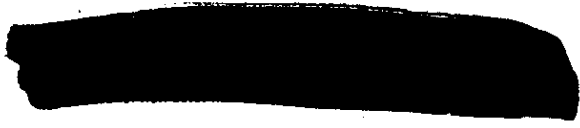
**DOCUMENT #** **S10172**

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*Attachment*

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**STE 309**  
**CORAL GABLES FL 33134**

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Name \_\_\_\_\_

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

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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, 2002 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**

11. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GUERRA, OSCAR R., M.D.</b>	
STREET ADDRESS	<b>2151 LE JEUNE ROAD, STE 309</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: OSCAR R. GUERRA, M.D.      **OSCAR R. GUERRA, M.D.**      **5-2-02**      **(205) 446-9658**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)

OSCAR R. GUERRA, M.D., P.A.  
2151 LE JEUNE ROAD, SUITE 309  
CORAL GABLES, FL 33134

*Attachments*

5760

DATE 4/30/02

63-8655-2660

PAY TO THE ORDER OF Department of State

*#SID170*

\$ 158.75

One Hundred Fifty Eight

75/100

DOLLARS  Security Features  
Including  
Dishon or Stop.

**citibank**

CITIBANK, F.S.B. BR. #60  
396 ALHAMBRA CIRCLE  
CORAL GABLES, FL 33134

FOR FEI 65-0227420

*Osvaldo Guerra*

⑈005760⑈ ⑆⑆266086554⑆

2101961478⑈