2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

S21042 DOCUMENT

1. Entity Name



HUBERTO E. MERAYO, M.D., P.A. Principal Place of Business Mailing Address 3860 S.W. 8TH ST. 3860 S.W. 8TH ST. STE. 300 STE. 300 **CORAL GABLES FL 33134** CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number City & State Applied For 65-0231510 Not Applicable Zip Country 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 MERAYO, HUBERTO E. Street Address (P.O. Box Number is Not Acceptable) 1401 VENETIAN WAY MIAMI BEACH FL 33139 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE ☐ Change ☐ Addition MERAYO, HUBERTO E NAME NAME 3860 S.W. 8TH ST. STE. 300 STREET ADDRESS STREET ADDRESS CORAL GABLES FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIE CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exembtion 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 Chapte 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.

FILED Jan 17, 2003 8:00 am Secretary of State

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CR2E034 (10/02)

SIGNATURE:

SIGNATURI r Requ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNID

305-444-6406 Daytime Phone #

Date