FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90055 017 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V00605

1. Entity Name

EDELSTEIN, SALINERO, LLANSO, M.D., P.A.

| | | | | | | | 1185 | | | | | |
|--------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------|---------------------|--------------------------------------------------------------|---------------|-------------------------------|------------------------------|---------------------------------------|-------------------------------------------------------------------------|--------------------------|-------------------|-----------------------------------------------|
| Principal Place of Business 400 UNIVERSITY DR 3 FL CORAL GABLES FL 33134 | | | | Mailing Address 400 UNIVERSITY DR 3 FL CORAL GABLES FL 33134 | | | | | (1881) Piloji Boji Bana Sun Bo | 11 8131 83811 811 | lik Bidir Dabi | (8:8 :1 8:1 1:1 1 0:1 1 |
| US 2. Principal Place of Business | | | | US | | | | | | | | |
| 2. Principal | Place of Busine | 3. Mailing Address | | | | | | | | | | |
| Suite, Apt | t # etc | Suite, Apt. #, etc. | | | | | SPECING OF A NAME | | | | | |
| ound, Apr | t. #, 6tc. | | Juile, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES | | | | | |
| City & Sta | ate | City & State | | | | 4 F | FEI Number | | 7 7 | Applied For | | |
| | | | | | | | | *** | 65-0298763 | | | Vot Applicable |
| Zip Country | | | Zip | | | Country | | | Certificate of Status Desired | П | 8.75 A | |
| | | | | | | | | | | ш , | ee Requi | |
| | o, Name a | and Address of Current Re | gistere | d Agent | | Name | | 7. N | Name and Address of New Re | gistered A | gent | |
| EDELSTEIN, JAIME DR. | | | | | | | | | | | | |
| | VERSITY DR | | Street Addres | | | | ddress (F | s (P.O. Box Number is Not Acceptable) | | | | |
| 3 FL | | | | | | | | | , , , , , , , , , , , , , , , , , , , | | | |
| | SARIES EL 24 | 2124 | | | | | | | | | | |
| CORAL GABLES FL 33134 | | | | | | City | | | | FL | Zip Co | de |
| 8. The above | e named entity | submits this statement for th | e purp | ose of changing its | registere | d office or | registere | d age | ent, or both, in the State of Flori | | .I miliar with | and accept |
| the obliga | tions of registe | red agent. | | | | | _ | _ | | | | , |
| SIGNATURE | | | | | | | | | | | | |
| | Signature, typed or | printed name of registered agent and t | litle if appl | icable. (NOTE | Registered | Agent signatu | re required v | vhen rei | instating) | DATE | - | |
| F | ILE NOW!!! | FEE IS \$150.00 | | | | | | | | | | |
| | | Fee will be \$550.00 | l | | | | | | Election Campaign Fina Trust Fund Contribution. | | | 00 May Be |
| Make Check | k Payable to | Florida Department of St | tate | | | | | | irusi Fund Contribution. | Ш | Adde | ed to Fees |
| 10. | 1 | OFFICERS AND DIF | RECTO | RS | 11. | | | ADE | DITIONS/CHANGES TO OFFIC | ERS AND I | DIRECTOR | RS IN 11 |
| TITLE | PD | | | ☐ Delete | TITLE | | | | | | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS | ADD LIMITED | , JAIME DR. | | | NAME | | | | | | | |
| CITY-ST-ZIP | | | | | | STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE | SD | | | | - | 21-ZIP | | | <u> </u> | | | |
| NAME | | AEAEI DD | | ☐ Delete | TITLE | | | | | ļ | Change | ☐ Addition |
| STREET ADDRESS | LLANSO, RAFAEL DR. 400 UNIVERSITY DR, 3 FL | | | | | | | | | | | |
| CITY-ST-ZIP | CORAL GA | | | | | T ADDRESS ST-ZIP | | | | | | |
| TITLE | VD | | | ☐ Delete | TITLE | | | | _ | | Change | Addition |
| NAME | SALINERO, | EFREN . | | C Doloic | NAME | | | | | 1 | Change | ☐ Addition |
| STREET ADDRESS | 400 UNIVER | ISITY DR, 3 FL | | | STREE | T ADDRESS | | | | | | |
| CITY-ST-ZIP | CORAL GAE | BLES FL | | - | CITY- | ST-ZIP | | | | | | |
| TITLE | SD | - | | ☐ Delete | TITLE | | | | | | Change | Addition |
| NAME | | LIDO, MARTHA DR | | | NAME | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 400 UNIV D | | | | | TADORESS | | | | | | |
| | | BLES FL 33134 | | | CITY-S | ST-ZIP | | | | | | |
| TITLE NAME | SD | MENE7 | | ☐ Delete | TITLE | | TO | A | GILLA/ | (| ☐ Change | Addition |
| NAME JOAGUIM, JIMENEZ STREET ADDRESS 400 UNIVERSITY DRIVE 3RD FLOOR | | | NAME Street | | | TANDRESS | | JOAQUIN | | | | |
| CITY-ST-ZIP MIAMI FL 33134 | | | , | STREET ADDRESS CITY-ST-ZIP | | | Pli | EVH | ECONNETT SPELL | INC | ; | |
| TITLE | | | | ☐ Delete | - | | L | | | | 7.01 | |
| NAME | | | | □ OBIBIE | TITLE NAME | | | | | L | ☐ Change | ☐ Addition |
| STREET ADDRESS | | | | | | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | CITY-S | | | | | | | |
| 12. I hereby c | ertify that the in | nformation supplied with this | filing o | loes not qualify for t | ne exem | ption state | d in Sect | ion 11 | 19.07(3)(i), Florida Statutes. I fu | rther certify | that the in | nformation |

2. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03

3054446882

Daytime Phone #