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

Mailing Address

MIAMI FL 33176

3. Mailing Address

City & State

Suite, Apt. #, etc

311

lialean

STE 504 E

US

8940 N KENDALL DR

V05409 **DOCUMENT #**

1. Entity Name

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc

616

tialeah

33016

Gity & State

71.50 WEST

8940 N KENDALL DR

MIAMI FL 33176

STE 504E

US

SOUTH FLORIDA ENT ASSOCIATES, P.A.

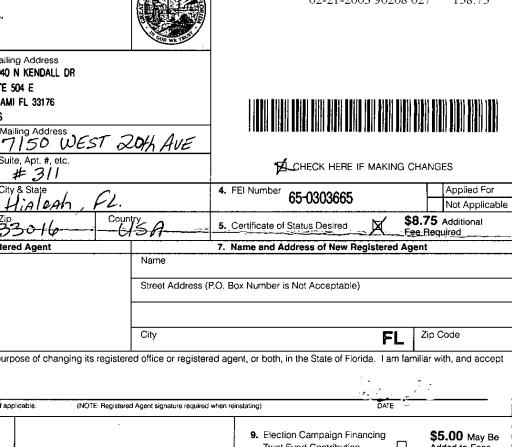
Country

USA



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90208 027 ***158.75



	6. Name and Address of Current Registere	ed Agent		7. Name and Address of New Registered Agent			
VDONDED.	O FRANK O		Name				
KRONBERG, FRANK G. 7150 WEST 20TH AVE. STE. 312 HIALEAH FL 33016			Street Address (P.O. Box Number is Not Acceptable)				
			City		FL Zip Code	9	
	named entity submits this statement for the purptions of registered agent.	ose of changing its re	gistered office or regi	istered agent, or both, in the State o	f Florida. I am familiar with,	and accept	
IGNATURE .	Signature, typed or printed name of registered agent and title if app	licable. (NOTE: F	Registered Agent signature rec	quired when reinstating)	DATE -		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of State		-	9. Election Campaigr Trust Fund Contrib	= +	O May Be to Fees	
0.	OFFICERS AND DIRECTO	RS	11.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS	S IN 11	
TLE AME Treet address ITY-ST-ZIP	D KRONBERG, FRANK 8940 N KENDALL DRIVE, SUITE 504-E MIAM! FL 33176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Change	☐ Addition	
TLE AME TREET ADDRESS TY-ST-ZIP	D DOUGHERTY, BRIAN 8940 N KENDALL DRIVE., STUIE 504-E MIAMI-FL-33176	☐ Delete	TITLE NAME STREET ADDRESS _CITY_ST_ZIP		☐ Change	Addition	
TLE AME TREET ADDRESS TY-ST-ZIP	, 1	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TLE AME IREET ADDRESS TY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition .	
TLE AME TREET ADDRESS TY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition (
TLE AME REET ADDRESS TY-ST-ZIP	entify that the information cumplied with this filing	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- C	☐ Change	Addition	

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: