## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

STE #100 MIAMI FL 33176

US

8905 SW 87TH AVE.

## DOCUMENT # **V68473**

1. Entity Name

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

STE. 1980 MIAMI FL 33131

SIGNATURE

10.

Zip

8905 SW 87TH AVE.

STE #100

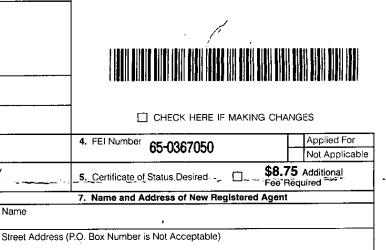
MIAMI FL 33176

JORGE L. ORBAY-CERRATO, M.D., P.A.



## FILED Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90159 037 \*\*\*150.00



DATE

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.

11.

City

(NOTE: Registered Agent signature required when reinstating)

Country

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

Signature, typed or printed name of registered agent and title it apply

OFFICERS AND DIRECTORS

Country

AMKGS REGISTERED AGENTS INC.

ONE S.E. 3RD AVENUE

6. Name and Address of Current Registered Agent

 Election Campaign Financing Trust Fund Contribution.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

\$5.00 May Be Added to Fees

Zip Code

☐ Change ☐ Addition TITLE TITLE ☐ Delete ORBAY-CERRATO, JORGE L NAME NAME STREET ADDRESS 8905 SW 87 AVE 100 STREET ADDRESS **MIAMI FL 33176** CITY-ST-ZIP CITY-ST-ZIP. ☐ Change ☐ Addition ☐ Delete TITLE TITLE BADIA, ALEJANDRO NAME NAME 8905 SW 87 AVE 100 STREET ADDRESS STREET ADDRESS MIAMI FL 33176 ... CITY-ST-ZIP\_ CITY\_ST-ZIP **VPS** ☐ Change ☐ Addition TITLE □ Delete TITLE KHOURI, ROGER NAME NAME 8905 SW 87 AVE 100 STREET ADDRESS STREET ADDRESS MIAMI FL 33176 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

... Delete

Date

Daytime Phone #

Change

☐ Addition