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### 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P970000 31541**  
 1. Entity Name  
**Homestead Medical Group Inc**

FILED

01 JUL 19 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**950 N. Krome Ave. Suite 203 Homestead FL 33030**      **950 N Krome Ave. Suite 203 Homestead FL 33030**

2. Principal Place of Business 3. Mailing Address  
**950 N. Krome Ave Suite, Apt. #, etc. 203**      **950 N. Krome Ave Suite, Apt. #, etc. 203**

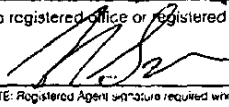
DO NOT WRITE IN THIS SPACE

City & State Zip Country City & State Zip Country  
**Homestead, F 33030 Dade**      **Homestead FL 33030 Dade**

4. FEI Number Applied For  
**65-0753565**  Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**Blanc, Norris O**  
**950 N. Krome Ave Suite 203**  
**Homestead FL 33030**

7. Name and Address of New Registered Agent  
 Name **Heriberto Peña**  
 Street Address (P.O. Box Number is Not Acceptable)  
**950 N. Krome Ave Suite 203**  
 City **Homestead** FL Zip Code **33030**

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.  
 SIGNATURE **Heriberto Peña**  DATE **07/18/01**  
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 \$150.00**  
**After MAY 1, 2001 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 checked="" type="checkbox"/> Delete
NAME	<b>Blanc Norris O</b>	
STREET ADDRESS	<b>950 N Krome Ave Ste 203</b>	
CITY - ST - ZIP	<b>Homestead FL 33030</b>	
TITLE	<b>PST</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>Peña Heriber to</b>	
STREET ADDRESS	<b>950 N Krome Ave Ste 203</b>	
CITY - ST - ZIP	<b>Homestead FL 33030</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

#### 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P,SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Myra Peña</b>	
STREET ADDRESS	<b>950 N. Krome Ave Ste 203</b>	
CITY - ST - ZIP	<b>Homestead, FL 33030</b>	
TITLE	<b>UPTO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Heriberto Peña</b>	
STREET ADDRESS	<b>950 N. Krome Ave Ste 203</b>	
CITY - ST - ZIP	<b>Homestead, FL 33030</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**10004535771-1**  
**-08/15/01--01020--003**  
**\*\*\*150.00 \*\*\*150.00**

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 all other like empowered.

SIGNATURE:  **Heriberto Peña** DATE **7/18/01** (305) 245-2273  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)

HOMESTEAD MEDICAL GROUP INC.  
DOC.#P97000031541

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TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT .

CORDIALLY,



HERIBERTO PENA  
VICE-PRESIDENT