

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90004 048 ***550.00

DOCUMENT # P98000009979

1. Entity Name
HIALEAH PEMBROKE MANAGEMENT ASSOCIATES, INC.

00082633



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| Principal Place of Business C/O PEMBROKE PHYSICIANS ASSOCIATED, INC. 6301 PEMBROKE ROAD HOLLYWOOD FL 33023 | Mailing Address C/O PEMBROKE PHYSICIANS ASSOCIATED, INC. 6301 PEMBROKE ROAD HOLLYWOOD FL 33023 |
|---|---|

| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | | |
|----------------------------------|--------------------------|---------------------------------------|
| 4. FEI Number | 65-0809788 | Applied For |
| | | Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

FELUREN, MARK S
ONE FINANCIAL PLAZA
SUITE 1500
FORT LAUDERDALE FL 33394

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP | D ALVAREZ, WILFREDO S M.D. C/O 3070 WEST 12TH AVENUE HIALEAH FL 33012 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROCA, ARMANDO E M.D. C/O 6301 PEMBROKE ROAD HOLLYWOOD FL 33023 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: **SIGNATURE REQUIRED** *[Signature]* **9/25/00** **(934) 961-8974**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)