

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90113 011 \*\*\*150.00

DOCUMENT # V21611

i. Entity Name

**PULMONARY & DRUGS ASSOCIATES, INC**

834290



DO NOT WRITE IN THIS SPACE

Principal Place of Business SW 24TH ST FL 33165	Mailing Address 10790 SW 24TH ST MIAMI FL 33165-2499 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0320853	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

**DURAN, ALFREDO G.**  
**MUSEUM TOWER, SUITE 2200**  
**150 WEST FLAGLER STREET**  
**MIAMI FL 33130**

7. Name and Address of New Registered Agent

Name: **Alfredo G. Duran**  
 Street Address (P.O. Box Number is Not Acceptable): **Suite 1400, Terremark Center**  
**2601 So. Bayshore Drive**  
 City: **Miami** State: **FL** Zip Code: **33133**

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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HEVIA, JACQUELINE 10790 CORAL WAY MIAMI FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Hevia, Jacqueline 2410 S.W. 6th St. Miami, Florida 33135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>ADDRESS</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST NESPEREIRA, CLARA 12645 SW 43RD ST MIAMI FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD NESPEREIRA, JORGE G 10790 CORAL WAY MIAMI FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Nespereira, Jorge G. 4391 S.W. 1st Street Miami, Fl 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>ADDRESS</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: *Jacqueline Hevia* JACQUELINE HEVIA, VPD 4/11/00 (305) 225-8181  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)