

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90032 041 ***150.00

DOCUMENT # 457395

1. Entity Name
JUAN F. LAMAS, M.D., P.A.

Principal Place of Business 1333 S. MIAMI AVE. MIAMI FL 33130	Mailing Address 1333 S. MIAMI AVE. MIAMI FL 33130-4325
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1574700**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BARRNECHE JOSE M
14307 SW 100 LANE
MIAMI FL 33186

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

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PD LAMAS, JUAN F. 1333 S. MIAMI AVE. MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARRENECHE, JOSE M. 14307 SW 100 LANE MIAMI FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAMAS, GERVASIO A. 1333 S. MIAMI AVE. MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAMAS, ANA M. 1400 SOROLLA CORAL GABLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LAMAS, MERCEDES 5895 MARIYS ST. CORAL GABLES FL
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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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]* **Sec.** Date: **3-25-00** Daytime Phone #: **305 463-0670**