

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90026 037 ***150.00

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1. Entity Name
FERNANDO DE ELEJALDE, M.D., P.A.



Principal Place of Business
**6550 N. FEDERAL HWY
#210
FT. LAUDERDALE FL 33308
US**

Mailing Address
**6550 N. FEDERAL HWY
#210
FT. LAUDERDALE FL 33308
US**

60900308



2. Principal Place of Business
6550 N Federal Hwy # 210

3. Mailing Address
SAME

Suite, Apt. #, etc.
210

Suite, Apt. #, etc.
SAME

CHECK HERE IF MAKING CHANGES

City & State
FORT LAUDERDALE, FL

City & State
SAME

4. FEI Number **59-1554960**

Applied For
Not Applicable

Zip
33308

Country
Broward

Zip
SAME

Country
SAME

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DE ELEJALDE, FERNANDO M.D.
6550 N. FEDERAL HIGHWAY
STE 210
FT. LAUDERDALE FL 33308-0810**

Name
SAME

Street Address (P.O. Box Number is Not Acceptable)
SAME

City
SAME **FL** Zip Code
SAME

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.

SIGNATURE *Fernando de Elejalde*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
1-2-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	DE ELEJALDE, FERNANDO		
6550 N FEDERAL HWY #210	6550 N FEDERAL HWY #210		
FT LAUDERDALE FL	FT LAUDERDALE FL		

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 employment.

SIGNATURE: *Fernando de Elejalde*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **1-2-03** DAYTIME PHONE #: **(954) 267-0602**

CR2E034 (10/02)