

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90036 027 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # 571198

1. Entity Name
ALIRIO ROJAS, M.D., P.A.

Principal Place of Business 800 E. CYPRESS CK. RD. SUITE 300 FT. LAUDERDALE FL 33334	Mailing Address 800 E. CYPRESS CK. RD. SUITE 300 FT. LAUDERDALE FL 33334-3522
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2. Principal Place of Business 2825 N. STATE Rd. 7	3. Mailing Address 2825 N. STATE Rd. 7
Suite, Apt. #, etc. Suite 207	Suite, Apt. #, etc. Suite 207
City & State Margate, FL	City & State Margate, FL
Zip 33063	Zip 33063
Country U.S.A.	Country U.S.A.

4. FEI Number 59-1871983	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ROJAS, ALIRIO
 800 E. CYPRESS CREEK RD.
 SUITE 300
 FT. LAUDERDALE FL 33334**

7. Name and Address of New Registered Agent

Name ALIRIO ROJAS
Street Address (P.O. Box Number is Not Acceptable) 2825 N. STATE Rd. 7
Suite 207
City Margate
State FL
Zip Code 33063

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ROJAS, ALIRIO 800 E. CYPRESS #300 FT. LAUDERDALE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ROJAS, ALIRIO 2825 N. STATE Rd. 7, Suite #207 MARGATE, FL 33063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROJAS, ALIRIO 800 E. CYPRESS #300 FT. LAUDERDALE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROJAS, ALIRIO 2825 N. STATE Rd. 7, Suite #207 MARGATE, FL 33063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Alirio Rojas M.D.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-2000 (954) 984-0205
 Date Daytime Phone #

CR2E034 (9/99)