

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90112 018 ***150.00

DOCUMENT # 592838

1. Entity Name
SANCHEZ & FERNANDEZ-ROCHA, M.D., P.A.

| | |
|---|--|
| Principal Place of Business 3659 S. MIAMI AVE MIAMI FL 33133 | Mailing Address 3659 S. MIAMI AVE MIAMI FL 33133-4227 |
|---|--|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | | | |
|--------------|--------------|-----|---------|
| City & State | City & State | Zip | Country |
| | | | |

| | |
|--|--|
| 4. FEI Number 59-1861363 65-0505-373 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

00000400



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANCHEZ, RAFAEL A.
 3659 S. MIAMI AVE
 MIAMI, FL MH 33133**

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

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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|------------------------------|---|------|
| TITLE | NAME | TITLE | NAME |
| PD | FERNANDEZ-ROCHA, LUIS | | |
| | 3659 S. MIAMI AVE. | | |
| | MIAMI FL | | |
| TD | SANCHEZ, RAFAEL | | |
| | 3659 S. MIAMI AVE. | | |
| | MIAMI FL | | |
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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: **X** *[Signature]* **LUIS FERNANDEZ-ROCHA** **4/10/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Femwell Group Health, Inc.

Comprehensive Women's Health Care

*a Attachment
C0063433
#592838*

September 30, 1999

To Whom It May Concern:

Please be informed that I have joined Femwell Group Health, Inc., an Obstetrician-Gynecologist group practice located in Dade County, Florida.

To reflect this change, please update my tax identification number. My new tax ID number as a Femwell provider will be 65-0505313, effective October 18, 1999.

As of October 18, 1999, please send all payments under my new tax ID number to the address listed below:

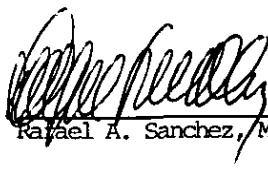
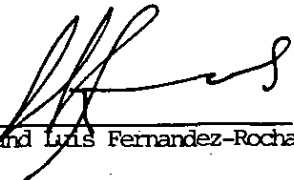
Femwell Group Health
Tax Identification Number: 65-0505313
775 S.W. 87th Avenue, Suite 120
Miami, FL 33173
(305) 273-4641
Fax (305) 273-9994

Prior to this date, please send payments to my practice, Sanchez & Fernandez-Rocha, MD PA under my old tax ID number, 59-1861363. Please note that the location of my practice will not be changing.

LOCATION TO SEND PAYMENTS PRIOR
TO 10-18-99:

Thank you for your prompt attention to this matter.

Sincerely,

 
Rafael A. Sanchez, MD and Luis Fernandez-Rocha, MD

RAFAEL A. SANCHEZ, M.D.
LUIS FERNANDEZ-ROCHA, M.D.
Mercy Outpatient Center, Suite 6006
3659 S. Miami Avenue
Miami, Florida 33133
Telephone: (305) 856-1461
Fax: (305) 250-5216