

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90071 013 \*\*\*150.00

**DOCUMENT # 622756**

1. Entity Name  
**MANUEL DIEZ-LOPEZ, M.D., P.A.**

Principal Place of Business      Mailing Address  
**100 SE 15TH AVE**      **100 SE 15TH AVE**  
**FT LAUDERDALE FL 33301**      **FT LAUDERDALE FL 33301**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address  
**800 EAST BROWARD BLVD**      **800 E. BROWARD BLVD**

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**# 608**      **# 608**

City & State      City & State  
**FORT LAUDERDALE**      **FORT LAUDERDALE, FL**

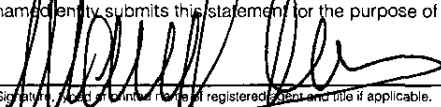
Zip      Country      Zip      Country  
**FL**      **BROWARD**      **33301**      **USA**

4. FEI Number **59-1959049**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**DIEZ-LOPEZ, MANUEL JOSE**  
**100 SE 15TH AVENUE**  
**FT LAUDERDALE FL**

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:       DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	<b>PD</b> <b>DIEZ-LOPEZ, MANUEL JOSE</b> <b>100 SE 15TH AVENUE</b> <b>FT.LAUDERDALE FL</b> <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
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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

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 another like empowered.

SIGNATURE:       Date: **3-19-01**      Daytime Phone #: **954-4628030**

12/4/01

CR2E034 (10/00)