

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001015

1. Entity Name

AZTEC MEDICAL SERVICES, LTD.

Principal Place of Business

1700 NW 66TH AVE., #101  
PLANTATION FL 33313

Mailing Address

1700 NW 66TH AVE., #101  
PLANTATION FL 33313-4582

2. Principal Place of Business

6101 BLUE LAGOON DR 6101 BLUE LAGOON DR

Suite, Apt. #, etc.

455

3. Mailing Address

6101 BLUE LAGOON DR

Suite, Apt. #, etc.

455

City & State

MIAMI FL

City & State

MIAMI FL

Zip

Country

33126 US

Zip

Country

FL 33126 US

4. FEI Number

65-0741921

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PINTAURO, WILLIAM L MD FACS  
5601 N. DIXIE HIGHWAY, SUITE 320  
FT LAUDERDALE FL 33334

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

1000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

1000.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P96000015383  
NAME AZTEC MEDICAL SERVICES, INC.  
STREET ADDRESS 1700 NW 66TH AVE., #101  
CITY - ST - ZIP PLANTATION FL 33313

13. ADDRESS CHANGES ONLY

STREET ADDRESS

6101 BLUE LAGOON DR #455

CITY - ST - ZIP

MIAMI FL 33126

STREET ADDRESS

CITY - ST - ZIP

FF \$141.25

STREET ADDRESS

CITY - ST - ZIP

3000003344313--3

STREET ADDRESS

CITY - ST - ZIP

-08/02/00--01076--015

\*\*\*\*141.25 \*\*\*\*141.25

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/26/2000

905-270 6000

CR2E003 (9/99)