

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90001 030 \*\*\*150.00

**DOCUMENT # F82299**

1. Entity Name  
**RODOLFO CAPOTE, M.D., P.A.**

Principal Place of Business <b>9010 GARDEN GLEN CIR.          P.O. BOX 10567, RIVIERA BCH. FL.          PALM BCH GRDNS FL 33419-1698</b>	Mailing Address <del><b>9010 GARDEN GLEN CIR.          P.O. BOX 10567, RIVIERA BCH. FL.          PALM BCH GRDNS FL 33419-1698</b></del>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>9010 GARDENS GLEN CIR.</b>	3. Mailing Address <b>9010 GARDENS GLEN CIR.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>PALM BEACH GARDENS FL</b>	City & State <b>PALM BEACH GARDENS FL</b>	4. FEI Number <b>59-2188669</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33418</b>	Country <b>USA</b>	Zip <b>33418</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent  
**CAPOTE, RODOLFO MD  
 9010 GARDEN GLEN CIRCLE  
 PALM BCH GRDNS FL 33418**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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: *Rodolfo Capote M.D. P.A.* **RODOLFO CAPOTE M.D. P.A.** DATE: *3/21/01* **3/21/01**

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.  **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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PTD	CAPOTE, RODOLFO	9010 GARDEN GLEN CIR.	PALM BCH GRDNS FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Rodolfo Capote M.D. P.A.* **RODOLFO CAPOTE M.D. P.A.** DATE: *3/21/01* **3/21/01** DAYTIME PHONE #: *(561) 775-0350* **(561) 775-0350**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)