

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H46823

1. Entity Name

ANA M. TAMAYO, M.D., P.A.

Principal Place of Business

C/O ANA M. TAMAYO, MD  
2472 N UNIVERSITY DR  
PEMBROKE PINES FL 33024

Mailing Address

C/O ANA M. TAMAYO, MD  
2472 N UNIVERSITY DR  
PEMBROKE PINES FL 33024-3624

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2496122

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, RONALD T.  
7000 W PALMETTO PKWAY  
SUITE 200  
FT LAUDERDALE FL 33308  
BOCA RATON 33433

Name

MARTIN RONALD

Street Address (P.O. Box Number is Not Acceptable)

7000 W PALMETTO PKWAY SUITE 200

City

BOCA RATON

FL

Zip Code

33433

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. 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 PD  
NAME TAMAYO, ANA M., MD  
STREET ADDRESS 2472 N UNIVERSITY DR  
CITY-ST-ZIP PEMBROKE PINES FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

ANA M. TAMAYO, MD

04/24/00

954 4361300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

FILED  
May 03, 2000 8:00 am  
Secretary of State

05-03-2000 90103 049 \*\*\*150.00

950243



DO NOT WRITE IN THIS SPACE