

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000002613

FILED  
Apr 30, 2003  
Secretary of State

Entity Name: PINES MEDICAL GROUP, L.C.

## Current Principal Place of Business:

600 N HIATUS RD., #203  
PEMBROKE PINES, FL 33026

## New Principal Place of Business:

## Current Mailing Address:

600 N HIATUS RD., #203  
PEMBROKE PINES, FL 33026

## New Mailing Address:

FEI Number: 65-0993631

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FUXA, LYDIA JANELLA  
600 N HIATUS RD., #203  
PEMBROKE PINES, FL 33026 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: FUENTES, ERNESTO MD PA  
Address: 600 N HIATUS RD., #203  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: MGRM ( ) Delete  
Name: DEFERIA, ARMANDO A MD PA  
Address: 600 N HIATUS RD., #203  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: MGRM ( ) Delete  
Name: MENDEZ, JOAQUIN MD PA  
Address: 600 N HIATUS RD., #203  
City-St-Zip: PEMBROKE PINES, FL 33026

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ARMANDO A. DE FERIA

MGRM

04/30/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date