

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90064 016 \*\*\*150.00

DOCUMENT # **L 40557**  
 Entity Name  
**BRADENTON PLASTIC SURGERY, P.A.**

**C0095835**

Principal Place of Business Mailing Address  
**2 THOMAS P. MORAN ESQ 90 THOMAS P. MORAN ESQ**  
**111 N. ORANGE AVE #900 111 N. ORANGE AVE #900**  
**ORLANDO, FL 32801 ORLANDO, FL 32801**

2. Principal Place of Business 3. Mailing Address  
**BRADENTON PLASTIC SURGERY, PA SAME AS #2**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**2902 59th ST. W, STE A**  
 City & State City & State  
**BRADENTON, FL**  
 Zip Country Zip Country  
**34209 FLAVIDA**

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For  
**65-0162047** Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MORAN, THOMAS P. ESQ.**  
**111 N. ORANGE AVE**  
**SUITE 1200**  
**ORLANDO, FL 32801**

7. Name and Address of New Registered Agent  
 Name **ENRIQUE J. FERNANDEZ, M.D.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2902 59th ST. WEST, SUITE A**  
 City **BRADENTON** FL Zip Code **34209**

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 \_\_\_\_\_  
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.   
(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	
TITLE D	<input type="checkbox"/> Delete
NAME FERNANDEZ, ENRIQUE J. MD	
STREET ADDRESS 2902 59th ST. W. #A	
CITY-ST-ZIP BRADENTON, FL	
TITLE PST	<input type="checkbox"/> Delete
NAME FERNANDEZ, ENRIQUE J. MD	
STREET ADDRESS 2902 59th ST. W. #A	
CITY-ST-ZIP BRADENTON, FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: \_\_\_\_\_ DATE: **4/26/00** (901) 795-2088  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)