

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90177 026 ***158.75

DOCUMENT # M01376

1. Entity Name

INDEPENDENT MEDICAL ASSOCIATION OF DADE, INC.

Principal Place of Business

Mailing Address

4646 W 4TH AVE
 HIALEAH FL 33012

4646 W 4TH AVE
 HIALEAH FL 33012-3907

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2429242

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CHAVEZ, PEDRO
4646 W 4TH AVE
HIALEAH FL 33012

Name **Amada Chavez**

Street Address (P.O. Box Number is Not Acceptable)
4646 West 4th Avenue

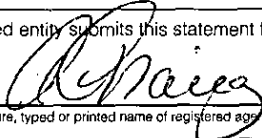
City **Hialeah**

FL

Zip Code **33012**

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



Amada Chavez

1/20/00

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** Delete
 NAME **CHAVEZ, AMADA**
 STREET ADDRESS **1342 NW 195TH AVE.**
 CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VT** Delete
 NAME **CHAVEZ, PEDRO**
 STREET ADDRESS **1342 NW 195TH AVE.**
 CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Change 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:

 **AMADA CHAVEZ**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00

Date

(305) 821-7887

Daytime Phone #

CR2E034 (9/99)