

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 08:00 AM
Secretary of State

DOCUMENT # M22636

1. Entity Name
RAMON J. IGLESIAS, M.D., INC.

Principal Place of Business HEALTHSOUTH DR HOSPITAL 5000 UNIVERSITY DR 3RD FL CORAL GABLES 33146 US	FL	Mailing Address HEALTHSOUTH DRS HOSPITAL 5000 UNIVERSITY DR 3RD FL CORAL GABLES 33146 US	FL
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2. Principal Place of Business 5000 UNIVERSITY DRIVE	3. Mailing Address 4651 SHERIDAN STREET
Suite, Apt. #, etc. THIRD FL	Suite, Apt. #, etc. SUITE 400

City & State CORAL GABLES FL	City & State HOLLYWOOD FL	4. FEI Number 59-2599996	Applied For <input type="checkbox"/> Not Applicable
Zip 33146	Country US	Zip 33021	Country US

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

IGLESIAS RAMON J MD
HEALTHSOUTH DRS HOSPITAL
5000 UNIVERSITY DR 3RD FL
CORAL GABLES
33146
US
FL

7. Name and Address of New Registered Agent

Name
MARTUS JAY AESO.
 Street Address (P.O. Box Number is Not Acceptable)
4651 SHERIDAN STREET
SUITE 400
 City
HOLLYWOOD
FL Zip Code
33021

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 **JAY A. MARTUS**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04/27/2000

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	T.TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: **JAY A. MARTUS**

DATE: **04/27/2000**