

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005421

1. Entity Name

KENDALL PHYSICIAN ALLIANCE, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90030 010 ****61.25

Principal Place of Business

Mailing Address

4101 S HOSPITAL DR
STE 11
PLANTATION FL 33317
US

4101 S HOSPITAL DR
STE 11
PLANTATION FL 33317-2830
US

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

65-0646608

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

00000001



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FARRELL, JAMES A
250 AUSTRALIAN AVE
SUITE 500
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME GEADA, LUIS G M.D.
STREET ADDRESS 3821 SW 107TH AVE
CITY-ST-ZIP MIAMI FL 33165

TITLE DV ☐ Delete
NAME NEGRET, LORENZO M.D.
STREET ADDRESS 11880 BIRD RD SUITE 304
CITY-ST-ZIP MIAMI FL 33175

TITLE DST ☐ Delete
NAME PLASCENCIA, LUIS M.D.
STREET ADDRESS 8741 CORAL WAY
CITY-ST-ZIP MIAMI FL 33165

TITLE D ☐ Delete
NAME FIGAROLA, OSCAR M.D.
STREET ADDRESS 701 NW 57TH AVE SUITE 381
CITY-ST-ZIP MIAMI FL 33126

TITLE D ☐ Delete
NAME PIMENTEL, FRANKLIN
STREET ADDRESS P O BOX 141218
CITY-ST-ZIP CORAL GABLES FL 33114-1218

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/21/00

CR2E037 (9/99)