

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005592

1. Entity Name

DEERING PHYSICIAN ALLIANCE, INC.

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

03-04-2000 90030 013 ****61.25

Principal Place of Business Mailing Address
4101 S. HOSPITAL DR 4101 S. HOSPITAL DRIVE
SUITE 11 SUITE 11
PLANTATION FL 33317 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



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0641401 Applied For Not Applicable
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

FARRELL, JAMES A ESQ.
250 AUSTRALIAN AVENUE SOUTH
STE 500
WEST PALM BEACH FL 33401

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 ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DITKOWSKY, WILLIAM MD		NAME	Heriberto Peña, MD	
STREET ADDRESS	9275 SW 152 ST, SUITE 212		STREET ADDRESS	950 N. Krome Ave, Suite 401	
CITY-ST-ZIP	MIAMI FL 33157		CITY-ST-ZIP	Homestead, FL 33030	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, MICHAEL DO		NAME	Stuart Joseph, MD	
STREET ADDRESS	C/O 9333 SW 152ND STREET		STREET ADDRESS	9380 SW 150 St., Suite 290	
CITY-ST-ZIP	MIAMI FL 33157		CITY-ST-ZIP	Miami, FL 33176	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGORIAN, MICHAEL MD		NAME		
STREET ADDRESS	C/O 9333 SW 152ND STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCADORY, JOHN M		NAME		
STREET ADDRESS	9380 SW 150TH STREET #100		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENTHAL, MARK DO		NAME		
STREET ADDRESS	C/O 9333 SW 152ND STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, OSCAR MD		NAME		
STREET ADDRESS	C/O 9333 SW 152ND STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157		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

2/23/00

Date Daytime Phone #

CR2E037 (9/99)