

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006094

1. Entity Name

ALLIANCE OF INTERNATIONAL MEDICAL DOCTORS, INC.

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90020 023 \*\*\*\*70.00

Principal Place of Business

Mailing Address

PO BOX 347763  
CORAL GABLES FL 33234-7763

PO BOX 347763  
CORAL GABLES FL 33234-7763

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

05-0954872

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

IVETTE RODRIGUEZ, P.A.  
201 ALHAMBRA CIRCLE SUITE 500  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: Miguel Gonzalez DelValle, MD

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

1721 Granada Blvd

City

Coral Gables, FL 33134

Zip Code

33134

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]*

Miguel A. Gonzalez DelValle, MD

4/28/00

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 PD ☐ Delete  
NAME GONZALEZ DEL VALLE, MIGUEL A MD  
STREET ADDRESS 1721 GRANADA BLVD  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VD ☐ Delete  
NAME CASTEEL, GARY MD  
STREET ADDRESS 16150 SW 111 TERRACE  
CITY-ST-ZIP MIAMI FL 33196

TITLE D ☐ Delete  
NAME BERTOT, WALDO MD  
STREET ADDRESS 9402 SW 127 AVE.  
CITY-ST-ZIP MIAMI FL 33186

TITLE TD ☐ Delete  
NAME LAHORRA, ANNIE MD  
STREET ADDRESS 14723 SW 171 TERRACE  
CITY-ST-ZIP MIAMI FL 33187

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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]* 4/28/00 305 446-9008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)