

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90005 048 ***150.00

0096206 AV

DOCUMENT # P00000003671

1. Entity Name
RIGOBERTO M. NUNEZ, M.D., P.A.

Principal Place of Business
6660 S.W. 117TH AVENUE
MIAMI FL 33183

Mailing Address
6660 S.W. 117TH AVENUE
MIAMI FL 33183



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Rigoberto Nuñez, M.D.
 Suite, Apt., etc.
8900 S.W. 117th Avenue

3. Mailing Address
Rigoberto Nuñez, M.D.
 Suite, Apt., etc.
8900 S.W. 117th Avenue

City & State
Suite 101-103 (B)
Miami, FL 33186

City & State
Suite 101-103 (B)
Miami, FL 33186

4. FEI Number
65-0972428

Applied For
 Not Applicable

Zip
33186

Country
USA

Zip
33186

Country
USA

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

6. Name and Address of Current Registered Agent

GACIA-LINARES, MANUEL A ESQ.
201 S. BAYSHORE BOULEVARD
10TH FLOOR, MIAMI CENTER
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
Rigoberto Nuñez, M.D.

Street Address
8900 S.W. 117th Avenue
Suite 101-103 (B)

City
Miami, FL 33186

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 _____ DATE **8/14/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUNEZ, RIGOBERTO M MD 6660 S.W. 117TH AVENUE MIAMI FL 33183	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rigoberto Nuñez, M.D. 8900 S.W. 117th Avenue Suite 101-103 (B) Miami, FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE REQUIRED** DATE: **8/14/01** DAYTIME PHONE #: **305-270-1910**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)