

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90383 029 \*\*\*150.00

0490380

**DOCUMENT # P00000030580**

1. Entity Name

**JOAQUIN MENDEZ, M.D., P.A.**

Principal Place of Business

**601 N. FLAMINGO ROAD  
 SUITE 407  
 PEMBROKE PINES FL 33028**

Mailing Address

**601 N. FLAMINGO ROAD  
 SUITE 407  
 PEMBROKE PINES FL 33028**

000411

2. Principal Place of Business

**600 N. Hiatus Road  
 Suite, Apt. #, etc.  
 203**

3. Mailing Address

**600 N. Hiatus Road  
 Suite, Apt. #, etc.  
 203**



DO NOT WRITE IN THIS SPACE

City & State

**Pembroke Pines FL**

City & State

**Pembroke Pines FL**

4. FEI Number

**65-0996624**

Applied For

Not Applicable

Zip  
**33026**

Country

Zip

**33026**

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MENDEZ, JOAQUIN  
 601 N. FLAMINGO ROAD  
 SUITE 407  
 PEMBROKE PINES FL 33028**

7. Name and Address of New Registered Agent

Name **Mendez Joaquin**  
 Street Address (P.O. Box Number is Not Acceptable)  
**600 N. Hiatus Road  
 Ste 203**  
 City **Pembroke Pines** FL Zip Code **33026**

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 *Joaquin Mendez M.D. P.A.*

(Signature type or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/30/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 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

TITLE **D**  Delete  
 NAME **MENDEZ, JOAQUIN**  
 STREET ADDRESS **601 N. FLAMINGO ROAD, SUITE 407**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP**  Change  Addition  
 NAME **Mendez Joaquin**  
 STREET ADDRESS **600 N. Hiatus Road # 203**  
 CITY-ST-ZIP **Pembroke Pines, FL 33026**

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 its 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:

*Joaquin Mendez M.D. P.A.*

**JOAQUIN MENDEZ M.D. P.A.**

**954-443-3283**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)