

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P00000077557

1. Entity Name

FAM. LY CARE MEDICAL CENTRE OF ROYAL PALM  
BEACH, INC.



03 OCT 13 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

11327 OKEECHOBEE BLVD

Suite, Apt. #, etc.

3. Mailing Address

5400 So. UNIVERSITY DR.

Suite, Apt. #, etc.

#405

**REINSTATEMENT** 03

City & State

ROYAL PALM BEACH, FL 33411

City & State

DAVIE, FL 33

4. FEI Number

45-1043094

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

FRANK C. HERNANDEZ

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

5400 SOUTH UNIVERSITY DR.

#405

City

DAVIE

FL

Zip Code

33328

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when relating)

DATE

10/7/03

January 1 - May 1. Fee is \$190.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P.D.  
FRANK C. HERNANDEZ  
5400. SOUTH UNIVERSITY DR #405  
DAVIE, FL 33328

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200023767862  
10/13/03--01099--022 \*\*\$50.00

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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 supplement to 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 10 or on an attachment with an address with all other persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/7/03

Date

Expiry Date

CR2E034B (12/02)

2/10/15

October 7, 2003

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399


To Whom It May Concern:

Today, it has come to my attention that inadvertently, a Uniform Business Report was not filed for several companies in which I am an Officer/ Director.

When I realized a UBR was not received or misplaced for these corporations by mail, I downloaded the UBR form and completed the requested information. In addition, a printout from the website is attached for each corporation to each UBR. Corrections were made to the UBR when applicable. If the UBR fails to make any disclosure, the information from the printout will prevail.

Each of these UBR's together with the applicable fee (including late fee) is attached. If I can offer any further information or clarification, please do not hesitate to contact me. Your attention to this matter is greatly appreciated.

Respectfully,



Frank C. Hernandez  
5400 South University Drive  
Suite 405  
Davie, FL 33328  
[Frankchernandez@accumed.us](mailto:Frankchernandez@accumed.us)  
Telephone (954) 680-4782 x116