

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000107014

1. Entity Name

OB/GYN CENTER OF SOUTH FLORIDA, PA

**FILED**  
Jul 02, 2002 8:00 am  
Secretary of State

07-02-2002 90807 026 \*\*\*550.00

Principal Place of Business

1628 SW 11TH STREET  
MIAMI FL 33135

Mailing Address

1628 SW 11TH STREET  
MIAMI FL 33135



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1057037

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FERNANDEZ, HECTOR L  
1628 SW 11TH STREET  
MIAMI FL 33135

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

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 \$150.00**  
**After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
FERNANDEZ, HECTOR L  
1628 SW 11TH STREET  
MIAMI FL 33135

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
GARCES-DANIEL, MONICA  
7656 NW 182ND TERRACE  
HIALEAH FL 33015

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-25-02 (305) 231-4224

0217526 AV

CR2E034 (9/01)



Attachment  
Dr. # 000000107014  
118975

Laboratory Corporation of America™ Holdings  
Post Office Box 2240  
Burlington, North Carolina 27216-2240

Telephone: 1-800-845-6167  
Toll Free FAX: 1-866-227-2939  
Web Site: <http://www.labcorp.com/billing>

HECTOR L FERNANDEZ MD

06 20 02

3335 W 80TH ST  
HIALEAH FL 33018  
PT99

ACCOUNT NUMBER: 09070282

INVOICE NUMBER: 28007117  
SPECIMEN NUMBER: 120776811520

DEAR CLIENT:

THE ADDRESS THAT WE HAVE FOR THE FOLLOWING PATIENT IS INCORRECT.  
WE HAVE EXHAUSTED ALL MEANS OF LOCATING A CORRECT ADDRESS.  
PLEASE CHECK YOUR RECORDS FOR A CURRENT MAILING ADDRESS AND RETURN  
TO US USING THE POSTAGE PAID ENVELOPE PROVIDED.

PATIENT'S NAME: YAMIKA DUARTE  
DATE OF BIRTH: 09/12/1977  
DATE OF SERVICE: 07/26/01

ADDRESS THAT WE HAVE ON FILE FOR THIS PATIENT:

1308 SW 48 ST  
MIAMI FL 33175

ADDRESS THAT YOU HAVE ON FILE FOR THIS PATIENT:

IF YOU HAVE THE SAME MAILING ADDRESS FOR THIS PATIENT, PLEASE SUPPLY  
THE PATIENT'S SOCIAL SECURITY NUMBER:

YOUR ASSISTANCE IN HELPING TO RESOLVE THIS MATTER IS GREATLY  
APPRECIATED.

THANK YOU FOR YOUR TIME,

MSF  
PATIENT CUSTOMER SERVICE DEPT.