

FILED
Jun 20, 2002 8:00 am
Secretary of State
 06-20-2002 90056 044 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000002549
 1. Entity Name
JUAN CARLOS RONDON, M.D., P.A.

Principal Place of Business Mailing Address
 7150 W 20 AVE. STE 110 7150 W 20 AVE. STE 110
 HIALEAH FL 33016 HIALEAH FL 33016

2. Principal Place of Business 3. Mailing Address
 600 N. Hiatus Rd. 600 N. Hiatus Rd
 Suite, Apt. #, etc. 203 Suite, Apt. #, etc. 203

City & State City & State
 Pembroke Pines, FL Pembroke Pines, FL
 Zip 33026 Country U.S. Zip 33026 Country U.S.

4. FEI Number Applied For
 65-1006570 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WORLD CORPORATE SERVICES, INC.
 2665 S BAYSHORE DR, STE 703
 MIAMI FL 33133

7. Name and Address of New Registered Agent
 Name: **Juan Carlos Rondon**
 Street Address (P.O. Box Number is Not Acceptable):
600 N. Hiatus Road #203
 City: **Pembroke Pines FL** Zip: **33026**

8. The above named entity subscribes to this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE: *[Signature]* **Juan Carlos Rondon** DATE: **4/24/02**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
President	Juan Carlos Rondon	600 N. Hiatus Road #203	Pembroke Pines, FL 33026	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 employees.
 SIGNATURE: *[Signature]* **Juan Carlos Rondon, M.D.** DATE: **4/24/02**



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)