

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

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90178 028 \*\*\*150.00

DOCUMENT # P 01000009403  
1. Entity Name  
Angel F. Mendez, MD P.A.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
5980 SW 82nd St  
Suite, Apt. #, etc.

3. Mailing Address  
5980 SW 82nd St  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Miami, FL

City & State  
Miami, FL

4. FEI Number  
65-1076907

Applied For  
 Not Applicable

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

Zip  
33143 Country  
USA

Zip  
33143 Country  
USA

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Angel F. Mendez

Street Address (P.O. Box Number is Not Acceptable)  
5980 SW 82nd St

City  
Miami FL Zip Code  
33143

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 \_\_\_\_\_  
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)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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	<u>Angel F. Mendez, President</u> <u>5980 SW 82nd St</u> <u>Miami, FL 33143</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like employees.

SIGNATURE: [Signature] Date 4/23/02 Daytime Phone # (305) 669-0871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANGEL MENDEZ, PRES.