

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90728 001 ***150.00
 05-22-2001 90728 002 *****8.75

4583

DOCUMENT # P93000080009

1. Entity Name
 Angela Pedraza, M.D., P.A.

Principal Place of Business
 2161 Palm Beach Lakes Blvd.
 Suite 215
 West Palm Beach, FL 33409

Mailing Address
 6003 N.W. 31st Ave
 Fort Lauderdale, FL
 33309-2209

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip **Country**

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0525379

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
 DELAGANDARA, Jose, M.D.
 6003 NW 31st Ave.
 Fort Lauderdale, FL 33309-2209

7. Name and Address of New Registered Agent

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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	☐ Delete
STREET ADDRESS	DE LA GANDARA, Jose M.D.	
CITY-ST-ZIP	2161 Palm Beach Lakes Blvd. # 215 West Palm Beach, FL 33409	
TITLE	NAME	☐ Delete
STREET ADDRESS	PEDRAZA, Angela M.D.	
CITY-ST-ZIP	2161 Palm Beach Lakes Blvd. # 215 West Palm Beach, FL 33409	
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

CR20034 (11/00)