

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90058 050 ***150.00

DOCUMENT # P93000088881

1. Entity Name
QUINTANA & PEREZ, M.D., P.A.

B0021951



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| Principal Place of Business 500 N. WASHINGTON AVE. SUITE 109 TITUSVILLE FL 32796 | Mailing Address 500 N. WASHINGTON AVE. SUITE 109 TITUSVILLE FL 32796-2759 |
|---|--|

| | |
|---|--|
| 2. Principal Place of Business 800 Century Medical Dr. Suite, Apt. #, etc. Suite B City & State Titusville, Fl. | 3. Mailing Address 800 Century Medical Dr. Suite, Apt. #, etc. Suite B City & State Titusville, Fl |
|---|--|

| | | |
|------------------------------------|---|---|
| 4. FEI Number 59-3213774 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
|------------------------------------|---|---|

| | | | |
|---------------------|---------------------------|---------------------|---------------------------|
| Zip 32796 | Country BREVARD | Zip 32796 | Country BREVARD |
|---------------------|---------------------------|---------------------|---------------------------|

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|--|---------------------------------------|

6. Name and Address of Current Registered Agent
QUINTANA, MANUEL R
800 Century Medical Dr.
Suite - B
TITUSVILLE FL 32796

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 _____ (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, 2000 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 | P QUINTANA, MANUEL R 800 Century Medical Dr., Ste B TITUSVILLE FL 32796 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V PEREZ, DENIS A 800 Century Medical Dr., Ste. B TITUSVILLE FL 32796 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S QUINTANA, MAGALI 800 Century Medical Dr., Ste. B TITUSVILLE FL 32796 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HOFFMEISTER, FRANK 1870 Aloma Ave. Suite 240 Winter Park, Fl. 32789 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: Manuel Quintana - President **2/11/2000** **(321) 383-2122**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

C.F. 014 19/99