

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**  
 05-18-2001 91596 045 \*\*\*150.00

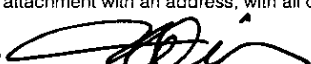
**552356**

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> P94000035110 <b>1. Entity Name</b> JUAN CARLOS PELAEZ, M.D., P.A.																											
<b>Principal Place of Business</b> 711 East Osceola Street Stuart, FL 34994 US		<b>Mailing Address</b> 711 East Osceola Street Stuart, FL 34994-2343 US																									
<b>2. Principal Place of Business</b> 2056 NW Fork Road Suite, Apt. #, etc.		<b>3. Mailing Address</b> 2056 NW Fork Road Suite, Apt. #, etc.																									
<b>City &amp; State</b> Stuart, FL 34994		<b>City &amp; State</b> Stuart, FL 34994																									
<b>Zip</b> 34994 <b>Country</b> USA		<b>Zip</b> 34994 <b>Country</b> USA																									
<b>4. FEI Number</b> 65-0493723 <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b> <input checked="" type="checkbox"/>																											
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																											
<b>6. Name and Address of Current Registered Agent</b> Pelaez, Juan C. 2056 NW Fork Road Stuart, FL 34994		<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <b>FL</b> Zip Code _____																									
<b>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.</b> SIGNATURE _____ DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>																											
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>																									
<b>10. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>11. OFFICERS AND DIRECTORS</b>																									
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CR2E034 (1/100)

**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:**  **Juan Carlos Pelaez, M.D.** **05-01-01 (5d) 602-4001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #