

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000045676

1. Entity Name

C. LYNN HERNANDEZ, M.D., P.A.

FILED

Apr 18, 2001 8:00 am  
Secretary of State

04-18-2001 90110 007 \*\*\*150.00

Principal Place of Business

601 N. FLAMINGO RD.  
STE. 200  
PEMBROKE PINES FL 33028

Mailing Address

601 N. FLAMINGO RD.  
STE. 200  
PEMBROKE PINES FL 33028

2. Principal Place of Business

600 N. HIATUS ROAD

Suite, Apt. #, etc.

SUITE 201

3. Mailing Address

600 N. HIATUS ROAD

Suite, Apt. #, etc.

SUITE 201

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES, FL

Zip

33026

Country

BROWARD

Zip

33026

Country

BROWARD

6. Name and Address of Current Registered Agent

HERNANDEZ, C. LYNN  
601 N. FLAMINGO RD.  
STE. 200  
PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

600 N. HIATUS ROAD, SUITE 201

PEMBROKE PINES

FL

33026

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)

☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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 PD  
NAME HERNANDEZ, C. LYNN  
STREET ADDRESS 601 N. FLAMINGO RD. STE. 200  
CITY-ST-ZIP PEMBROKE PINES FL 33028

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 600 N. HIATUS ROAD, SUITE 201  
CITY-ST-ZIP PEMBROKE PINES, FL 33026

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. LYNN HERNANDEZ, M.D., P.A.

Date

4/9/01 954-432-5111

Daytime Phone #

CR2E034 (10/00)