

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

02 APR 26 AM 8:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000048060

**1. Corporation Name**

PABLO E. DELGADO, M.D., P.A.

500005493115--4

-05/09/02--01003--017

\*\*\*\*300.00 \*\*\*\*300.00

**2. Principal Office Address**

8950 N. KENDALL DR

Suite, Apt. #, etc.

403

City & State

Miami

Zip

33176

Country

DADE

**3. Mailing Office Address**

8950 N. KENDALL DR

Suite, Apt. #, etc.

403

City & State

FL 33176

Zip

33176

Country

DADE

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

65-0503454

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

PABLO E. DELGADO, M.D., P.A.

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

8950 N. KENDALL DR #403

Suite, Apt. #, Etc.

#403

City

Miami

State

FL

Zip Code

33176

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/23/02

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	<u>PABLO E. DELGADO, M.D.</u>	<u>8950 N. KENDALL SUITE 403</u>	<u>Miami, FL 33176</u>

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

SIGNATURE:

[Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/23/02 (305) 270-7499

Daytime Phone #

CR2E081 (9/01)

# 2000 UNIFORM BUSINESS REPORT (UBR)

1850-245-601

**PAID**  
APR 18 2000

DOCUMENT # **P94000048060**

1. Entity Name  
**PABLO E. DELGADO, M.D., P.A.**

Principal Place of Business  
**7800 SW 87 AVE  
#A100  
MIAMI FL 33173  
US**

Mailing Address  
**7800 SW 87 AVE  
#A100  
MIAMI FL 33176-2132  
US**

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

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

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number **65-0506454**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**DELGADO, PABLO E  
7150 W 20 AVE  
SUITE 612  
HIALEAH FL 33016**

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!! FEES \$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	<b>D DELGADO, PABLO E 7800 SW 87 AVE #A100 MIAMI FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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	<b>PABLO E. DELGADO 8950 N. KENDALL DR #403 MIAMI FL 33176</b> <input checked="" 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
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ (305) 270-7999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



**PABLO E. DELGADO, M.D., F.A.C.O.G.**

*Obstetrics & Gynecology*  
Baptist Outpatient Center  
8950 N. Kendall Drive, Suite 403  
Miami, FL 33176  
Telephone: (305) 270-7999  
Fax: (305) 270-6788

April 23, 2002

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

As per your request, enclosed is check for \$300.00 for the UBR filing for the years 2001 and 2002. Plus the reinstatement for requested by you with the corrected address.

As explained, your records showed our old office address. (See the 2000 form. Evidently, the 2001 form was sent to the incorrect address and was never received by us.

Thank you for your attention.

Sincerely,

  
Pablo E. Delgado, M.D.

PED/sg  
Enclosures