

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90026 044 ***150.00

DOCUMENT # P94000049662

1. Entity Name
MIAMI OB-GYN ASSOCIATES, P.A.

Principal Place of Business 7000 SW 97 AVE 102 MIAMI FL 33173 US	Mailing Address 7000 SW 97 AVE 102 MIAMI FL 33173-1474 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 65-0501370	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LEON, ORLANDO J
MIAMI OB-GYN ASSOCIATES, P.A.
7000 SW 97TH AVE, #102
MIAMI FL 33173

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)
 Signature, typed or printed name of registered agent and title if applicable. 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	DPT SOMOANO, JULIO M 8500 SW 92 ST MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LEON, ORLANDO J 7835 SW 82 CT MIAMI FL 33143 <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	<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: ORLANDO J. LEON, M.D. **2-23-00 (305) 596-6700**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)