FILED

Jan 13, 2003 8:00 am Secretary of State
01-13-2003 90091 037 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P94000072071 **DOCUMENT #**

1. Entity Name HECTOR FELIPE FERNANDEZ, M.D., P.A.

SIGNATURE:



Principal Place of Business 8190 ROYAL PALM BLVD. 203 CORAL SPRINGS FL 33065 US		Mailing Address 8190 ROYAL PALM BLVD. 203 CORAL SPRINGS FL 33065 US							
2. Principal Place of Business		3. Mailing Address		1 (0 fi) 001 11		<u> </u>	801 1		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Number 65-0530337 Applied For Not Applicable				
Zlo	Country	Zip	Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required				
· · · · · · · · · · · · · · · · · · ·	Name and Address of Curren	t Registered Agent	egistered Agent			7. Name and Address of New Registered Agent			
MAYER & KENNEDY 1675 PALM BEACH LAKES BLVD. STE-700 WEST PALM BEACH FL 33401				Name Michael S. Singer Esq. Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City C. C. C. C. C. C. F. Zip Code					
SIGNATURE	entity submits this statement egistered agent.	ζ	ts registered o	16 m 15		he State of Florida. I	• • 3344	10	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS					Trust Fun	Campaign Financing nd Contribution.	☐ Added	0 May Be I to Fees	
TITLE PD FERNA STREET ADDRESS 4928 N	INDEEL HECTOR ## IW 116TH AVE SPRINGS FL	☐ Delete	TITLE NAME STREET AD CITY-ST-2	DRESS	andez, He	ector F.	AND DIRECTORS Change	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-Z	l l			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-Z				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADI CITY-ST-Z				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Deyete	TITLE NAME STREET ADD CITY-ST-ZI				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADD CITY-ST-ZI	Р			☐ Change	Addition	
 I hereby certify the indicated on this re of the corporation changed, or on an 	at the information supplied with eport or supplemental eport of the recenter of the see of po- attachment with an address,	this filing does not qualify fo true and a curate and that r owned to execute this report all other like empowered	r the exemption my signature s as required b	on stated in Section shall have the san by Chapter 607, Fi	on 119.07(3)(i), Flori ne legal effect as if n orida Statutes; and i	da Statutes. I further nade under oath; tha that my name appea	certify that the inf at I am an officer o ars in Block 10 or t	formation or director Block 11 if	

954-346-5049