

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90112 012 ***150.00

UBR4557

DOCUMENT # P95000008851

1. Entity Name
JOSE F. BACA M.D. INC.

Principal Place of Business

Mailing Address

777 E 25 ST
 SUITE ~~108~~ 509
 HIALEAH FL 33013

777 E 25 ST
 SUITE ~~108~~ 509
 HIALEAH FL 33013

00007690



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

777 E 25 ST

777 E 25 ST

Suite, Apt. #, etc.
 Suite 509

Suite, Apt. #, etc.
 Suite 509

City & State
 Hialeah FL

City & State
 Hialeah FL

4. FEI Number **65-0559711**

Applied For
 Not Applicable

Zip
 33013

Country

Zip
 33013

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BACA, AMANDA M
 777 E 25 ST
 SUITE ~~108~~ 509
 HIALEAH FL 33013

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **D BACA, JOSE F**
 STREET ADDRESS **777 E 25 ST**
 CITY-ST-ZIP **HIALEAH FL 33013**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D BACA, AMANDA M**
 STREET ADDRESS **777 E 25 ST**
 CITY-ST-ZIP **HIALEAH FL 33013**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **Jose F. Baca MD**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-01
 Date

(305) 696-7557
 Daytime Phone #

CR2E034 (10/00)