

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000016817

1. Entity Name

INTERNAL MEDICINE DIRECTIONS, INC.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90476 001 \*\*\*150.00

04-26-2000 90476 002 \*\*\*\*\*8.75

Principal Place of Business

Mailing Address

5222 N BAY RD  
MIAMI BEACH FL 33140

5222 N BAY RD  
MIAMI BEACH FL 33140-2011

2. Principal Place of Business

2999 N.E. 191 Street

3. Mailing Address

2999 N.E. 191 Street

Suite, Apt. #, etc.

Suite 905

Suite, Apt. #, etc.

Suite 905

City & State

Aventura, Florida

City & State

Aventura, Florida

Zip

33180

Country

U.S.A.

Zip

33180

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0581945

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JACOBS, RICHARD  
5222 N BAY RD  
MIAMI BCH FL 33140

7. Name and Address of New Registered Agent

Name

Manuel A. Suarez-Barcelo, M.D.

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

12885 Maple Road

City

North Miami

FL

Zip Code

33181

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

*Manuel A. Suarez-Barcelo*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/28/00

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 PST  
NAME JACOBS, RICHARD F  
STREET ADDRESS 5222 N BAY RD  
CITY-ST-ZIP MIAMI BEACH FL ☒ Delete

TITLE V  
NAME JACOBS, SALLY  
STREET ADDRESS 5222 N BAY RD  
CITY-ST-ZIP MIAMI BCH FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE M  
NAME Manuel A. Suarez-Barcelo, M.D.  
STREET ADDRESS 12885 Maple Road  
CITY-ST-ZIP North Miami, FL 33181 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

*Manuel A. Suarez-Barcelo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/00

Date

(305) 895-2152

Daytime Phone #

CR2E034 (9/99)