

2001 UNIFORM BUSINESS REPORT (UBR)

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

0156578

DOCUMENT # P95000095904

1. Entity Name

CEDARS CONSULTING NETWORK, INC.

05-25-2001 90287 034 ***150.00

Principal Place of Business

**1590 NE 8TH ST.
 HOMESTEAD FL 33030
 US**

Mailing Address

**3863 IRVINGTON AVE.
 COCONUT GROVE FL 33133
 US**

553918

2. Principal Place of Business **315 W 5TH ST
 3863 IRVINGTON AVE
 MIAMI FL 33133**

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL

City & State

4. FEI Number **65-0633799**

Applied For
 Not Applicable

Zip **33010** Country **USA**

Zip Country

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

6. Name and Address of Current Registered Agent

**DIAZ GONZALEZ, VIVIAN
 3863 IRVINGTON AVE
 COCONUT GROVE FL 33133**

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

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

(NOT Registered Agent's 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

TITLE **PSTD** ☐ Delete
 NAME **GONZALEZ-DIAZ, VIVIAN**
 STREET ADDRESS **3863 IRVINGTON AVE**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

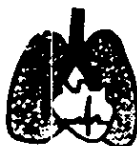
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Document #
F95000095904
553918



HUMBERTO HERNANDEZ, M.D.
Pulmonary Medicine • Critical Care
Diplomate of The American Board of Internal Medicine

315 West 9th Street • Hialeah, FL 33010
Phone: (305) 885-3111 Fax: (305) 885-5884

Hours: 8:30 A.M. – 5:00 P.M.

Patient's Name: Victor Gonzalez Diaz Date: 7/17/01

Address: _____

PRESCRIPTION	QUANTITY	REFILLS
Bed rest x 1 mth		
w/ <u>No</u> active exert		
at all		
- No weight bearing		
- Sleep hard mattress		
- No high heels		

PLEASE BE ADVISED that we only pre-
scribe F.D.A. Approved Pharmaceutical
Products. If you cannot comply with our
request, please call our office.

DEA # BH3000849 • LIC # ME0041864

SIGNATURE

M.D.