

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90034 003 \*\*\*150.00

**DOCUMENT # P96000008671**

1. Entity Name  
**JUAN J. PÉREZ, M.D., P.A.**

Principal Place of Business <b>805 CENTURY MEDICAL DRIVE, SUITE A          TITUSVILLE FL 32796</b>	Mailing Address <b>805 CENTURY MEDICAL DRIVE, SUITE A          TITUSVILLE FL 32796-2142</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>800 Century Medical Drive</b> Suite, Apt. #, etc. <b>Suite A</b> City & State <b>Titusville, FL</b> Zip <b>32796</b> Country	3. Mailing Address <b>800 Century Medical Drive</b> Suite, Apt. #, etc. <b>Suite A</b> City & State <b>Titusville, FL</b> Zip <b>32796</b> Country
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4. FEI Number <b>59-3351924</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**PEREZ, JUAN J M.D.  
 805 CENTURY MEDICAL DRIVE, SUITE A  
 TITUSVILLE FL 32796**

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) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS PEREZ, JUAN J M.D. 805 CENTURY MEDICAL DRIVE, SUITE A TITUSVILLE FL 32796</b>	<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
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	<b>Same Same 800 Century Medical Drive</b>	<input checked="" 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
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)(f), 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 Juan J. Perez, MD DATE 2-9-00 DAYTIME PHONE # 321-269-5101

CR2E034 (9/99)