

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**  
 03-07-2000 90084 010 \*\*\*150.00

**DOCUMENT # P96000011744**  
 Entity Name  
**GENERAL MEDICINE OF PEMBROKE PINES, INC.**

**C0033891**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **N FLAMINGO RD**  
**PINES FL 33028**

Mailing Address: **601 N FLAMINGO RD**  
**307**  
**PEMBROKE PINES FL 33028-1010**  
**US**

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 City & State  
 Zip Country Zip Country

4. FEI Number **65-0645726** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**DE LA CRUZ, FAUSTO**  
**13076 MAJESTIC WAY**  
**COOPER CITY FL 33330**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_

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

OFFICERS AND DIRECTORS

PTD DE LA CRUZ, FAUSTO A MD 13076 MAJESTIC WAY COOPER CITY FL 33330	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Fausto A. De la Cruz*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)