

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000011744**

Entity Name

**INTERNAL MEDICINE OF PEMBROKE PINES, INC.****FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90084 010 \*\*\*150.00

Principal Place of Business      Mailing Address

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

Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City &amp; State      City &amp; State

Zip      Country      Zip      Country

4. FEI Number      **65-0645726**Applied For  
Not Applicable5. 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

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

(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****12.****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

OFFICERS AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
<input type="checkbox"/> Delete PTD DE LA CRUZ, FAUSTO A MD 13076 MAJESTIC WAY COOPER CITY FL 33330	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<input type="checkbox"/> Delete	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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)