2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State
02-27-2002 90036 023 ***150.00

DOCUMENT # P96000045034

1. Entity Name
CARMEN C. FERNANDEZ, M.D., P.A.

Principal Place of Business	Mailing Address
2735 PONCE DE LEON BLVD. CORAL GABLES FL 33134	256 NW 42 AVE MIAMI FL 33126 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5000 University Dr.	SAME AS ABOVE
Suite, Apt. #, etc.: 3rd Floor	Suite, Apt. #, etc.
City & State: Coral Gables FL.	City & State
Zip: 33146 Country: USA	Zip Country

4. FEI Number 65-0237193 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FERNANDEZ, CARMEN C 2735 PONCE DE LEON BLVD. CORAL GABLES FL 33134	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. (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) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FERNANDEZ, CARMEN C 2735 PONCE DELEON BLVD CORAL GABLES FL ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FERNANDEZ, CARMEN C. 5000 University Drive 3rd Floor Coral Gables, FL. 33146 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 REQUIRED Carmen C. Fernandez M.D. (305) 569-0002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)