

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90020 047 \*\*\*150.00

**DOCUMENT # P96000057974**

1. Entity Name

**EUSEBIO G. HERNANDEZ, MD, P.A.**

Principal Place of Business

**DEERING HOSPITAL MEDICAL  
 STE #260  
 MIAMI FL 33157**

Mailing Address

**OFFICE BLDG 9380 SW 150 ST  
 MIAMI FL 33135**

2. Principal Place of Business

**15321 S. Dixie Hwy  
 Suite, Apt. #, etc.  
 308**

3. Mailing Address

**15321 S. Dixie Hwy  
 Suite, Apt. #, etc.  
 308**

City & State

**MIAMI, FL**

City & State

**MIAMI**

4. FEI Number

**65-0679739**

Applied For

☒ Not Applicable

Zip

**33157-1814**

Country

**USA**

Zip

**33157-1814**

Country

**USA**

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

**HERNANDEZ, EUSEBIO G**

**~~9380 SW 150 TH ST STE 260~~  
~~MIAMI FL 33157~~**

**CORAL REEF PLAZA  
 15321 S. DIXIE HWY #308  
 MIAMI, FL 33157-1814**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
 NAME **HERNANDEZ, EUSEBIO G**  
 STREET ADDRESS **7341 SW 68TH ST**  
 CITY-ST-ZIP **MIAMI FL 33173-4405**

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

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

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 #

**5/17/01**

**1-877-308-7491**

CR2E034 (10/00)

Attachment  
Document # P96000057974  
769570

Eusebio G. Hernandez, M.D., P.A.  
*Diplomate of The American Board of Psychiatry and Neurology*  
*Practice Limited to Psychiatry*  
Coral Reef Plaza  
15321 South Dixie Highway, Suite 308  
Miami, FL 33157-1814  
Telephone: 1-877-308-7491, Fax: 305-232-8852

Florida Department of State  
Katherine Harris-Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: 2001 Uniform Business Report  
Document # P96000057974

To Whom It May Concern:

I am writing this letter inform you of the extenuating circumstances that have resulted in my returning this completed form to your office after the May 1, 2001 due date.

During the month of April 2001, my office underwent critical changes which caused a lapse in the administrative aspect of my practice. I was in the process of relocating my office, and the majority of my paperwork was being stored in boxes. At the same time, my office was being manned by one office assistant who elected to discontinue employment with my practice. She did not inform me prior to her leaving that this form was received, nor did she notify me as to where it was located. Unfortunately, it was only recently that I became unaware of the fact that this form was misfiled and had not been mailed out to your facility.

I am now submitting the completed form to your office, as well as including a check in the amount of \$150.00. I am aware that your office states that reports that are not received by the due date are subject to a \$400 penalty. However, taking into consideration these circumstances, I respectfully request that you waive this fine. I have never been delinquent in submitting this form, and I do not ever plan to be late again in the future.

I would appreciate notification if I need to give further attention to this matter. Thank you in advance for your assistance.

Sincerely,



Document# P96000057924  
769570

Eusebio G. Hernandez, M.D.

nkr: egh

Document #P96000057974

Eusebio G. Hernandez, M.D., P.A. 769570

*Diplomate of The American Board of Psychiatry and Neurology*

*Practice Limited to Psychiatry*

Coral Reef Plaza

15321 South Dixie Highway, Suite 308

Miami, FL 33157-1814

Telephone: 1-877-308-7491, Fax: 305-232-8852

May 16, 2001

Florida Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

To Whom It May Concern:

I am writing to inform you of my recent address change. Please note the new address listed above and have all correspondence directed appropriately. My office and phone information is as listed above.

Thank you,



Eusebio G. Hernandez, M.D.

FEI # 65-0679739

nkr:egh