## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000076966 1. Entity Name FREDDIE J. NEGRON M.D., P.A. Principal Place of Business Mailing Address 2261 N. UNIVERSITY DRIVE 2261 N. UNIVERSITY DRIVE PEMBROKE PINES FL 33024-3623 PEMBROKE PINES FL 33024 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 65-0691338 Zip Country Country Zip 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name NEGRON, FREDDIE J Street Address (P.O. Box Number is Not Acceptable) 2261 N. UNIVERSITY DRIVE STE 203 PEMBROKE PINES FL 33024 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 -9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ☐ Delete TITLE TITLE

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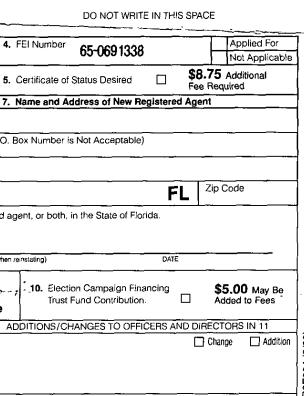
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and 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 in B changed, or on an attach

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