

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90025 018 \*\*\*150.00

**DOCUMENT # P96000102416**

1. Entity Name  
**MARIA O. LOPEZ, M.D., P.A.**

Principal Place of Business

10111 FOREST HILL BLVD  
 SUITE 261  
 WEST PALM BEACH FL 33414

Mailing Address

222 ISLAND SHORES DR  
 WEST PALM BEACH FL 33413-2048

PLEASE  
 Change  
 Address

2. Principal Place of Business

Suite, Apt. #, etc.  
 Suite 255

Mailing Address

2205 Soundings CT

Suite, Apt. #, etc.

City & State

City & State  
 WPB, FL 33413

4. FEI Number **65-0723106**

Applied For  
 Not Applicable

DO NOT WRITE IN THIS SPACE



Zip - Country

Zip - Country

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

JAYNES, DAVID A  
 222 PICCADILLY STREET  
 SUITE 100  
 WEST PALM BEACH FL 33407

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTSD	<input type="checkbox"/> Delete
NAME	LOPEZ, MARIA O	
STREET ADDRESS	10111 FOREST HILL BLVD STE 255	
CITY-ST-ZIP	W P B FL 33414	
TITLE	V	<input type="checkbox"/> Delete
NAME	JAWORSKI, SALLI	
STREET ADDRESS	10111 FOREST HILL BLVD STE 255	
CITY-ST-ZIP	W P B FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED **MARIA O. Lopez** Date **3/5/00** (561) - 753-7574 Daytime Phone #

CR2E034 (9/99)