

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2001 8:00 am
Secretary of State

05-02-2001 90067 018 ***150.00

DOCUMENT # P97000000651

1. Entity Name

BECKMAN NOVA CLINIC, CORP.

Principal Place of Business

Mailing Address

3990 WEST FLAGLER STREET
 SUITE 304
 MIAMI FL 33134

3075 N.W. 3 STREET
 MIAMI FL 33125

73978

2. Principal Place of Business

3. Mailing Address

116 Ponce de Leon Blvd
 Suite, Apt. #, etc.

116 Ponce de Leon Blvd
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Coral Gables, Florida

116 Ponce de Leon Blvd FL

4. FEI Number **15-0731193**

Applied For

Not Applicable

Zip **33135**

Country **USA**

Zip **33135**

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

FERNANDEZ, ADRIAN
123 DOUGLAS ROAD
SUITE 4
CORAL GABLES FL 33134

Name *ADRIAN FERNANDEZ*
 Street Address (P.O. Box Number is Not Acceptable)
116 Ponce de Leon Blvd
 City *Coral Gables* **FL** Zip Code *33135*

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]
 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 **FERNANDEZ, ADRIAN M.D.**
 STREET ADDRESS **3990 WEST FLAGLER STREET, SUITE 304**
 CITY-ST-ZIP **MIAMI FL 33134**

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

TITLE **PD** ☐ Delete
 NAME **FERNANDEZ, ADRIAN M.D.**
 STREET ADDRESS **115 PONCE DE LEON BLVD.**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **PD** ☒ Change ☐ Addition
 NAME **ADRIAN FERNANDEZ, M.D.**
 STREET ADDRESS **116 Ponce de Leon Blvd**
 CITY-ST-ZIP **CORAL GABLES, FL 33135**

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 807, 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:

ADRIAN FERNANDEZ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/28/01 1305/5254551

CR2E034 (10/00)