2000 UNIFORM BUSINESS REPORT (UBR) 07-19-2000 90154 045 ***155.00 DOCUMENT # P97000044587 FIL P97000044587 1. Entity Name JECRETARY OF STALE PHYSICIAN 2000, INC. T-VISION OF CORPORATIONS 00 SEP 29 PM 1: 3L Principal Place of Business Mailing Address 11880 BIRD ROAD 11880 BIRD ROAD **SUITE 119** SUITE 119 MIAM) FL 33175 MIAMI FL 33175 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suile, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0757080 Not Applicable Country \$8.75 Additional Zip Country Zio 6. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MUNOZ ANICETO MD Street Address (P.O. Box Number is Not Acceptable) 2601 S.W. 37TH AVE SUITE 702 **MIAMI FL 33133** Zip Code 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. SIGNATURE Signature, typed or primed name of registered agent and title if applicable. DATE (NOTE, Registered Agent eightburg refluired when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intengible \$5.00 May Be 10. Election Campaign Financing After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filling requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 71. OFFICERS AND DIRECTORS Addition Delete TITLE Change MILE MUNOZ ANICETO NAME NAME CRZECY STRFFT ADDRESS STREET ADDRESS 2601 SW 37 AVE., 702 CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL 33133** Change Addition ☐ Delete TITLE MILE DEPENA, FRANK NAME 11880 BIRD ROAD, SUITE 119 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33175 Addition TI TI F TITLE Delete NAME MANAG STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ☐ Change Addition TITLE TITLE Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- 719 CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ACCRESS COY-ST-79 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 early, that I am an officer or director of the corporation of 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:

FRANK DEPENA, M.D., P.A.

INTERNAL MEDICINE AND CARDIOVASCULAR DISEASES

September 25, 2000
Division of Corporation
Unit of Business Report filing
P.O. Box 1500
Tallahassee, Florida 32302-1500

Dear Sir:

124867

I received your letter concerning the status of Frank DePena MD PA and Physician 2000, Inc. PAT — NUSSO

I am not quite sure what happened because our records suggest that the report and fee was sent on time but obviously they didn't get to you. From our end the mail box has a lot of problems. I get other people's mail all the time and I am sure they get my mail.

I would be grateful to you if you would allow me to renew the companies without the penalties that I promise that next renewal time I will send them registered mail. I wouldn't be asking this huge favor if funds weren't as tight and scarce as they are.

Hoping for your favorable consideration in this matter, I remain.

Sincerely

Frank DePena MD