

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90173 011 \*\*\*150.00

**DOCUMENT # P97000055572**



1. Entity Name  
**DR. FRANCISCO PONS, M.D., P.A.**

Principal Place of Business  
**9380 SW 150 ST  
270  
MIAMI FL 33157**

Mailing Address  
**9380 SW 150 ST  
270  
MIAMI FL 33157**



2. Principal Place of Business  
**13500 N. Kendall Dr.  
Suite, Apt. #, etc.  
131**

3. Mailing Address  
**13500 N. Kendall Dr.  
Suite, Apt. #, etc.  
131**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Miami, FL**  
Zip  
**33186**

City & State  
**Miami, FL**  
Zip  
**33186**

4. FEI Number  
**65-0763801**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**PONS, FRANCISCO M.D.  
9380 SW 150 ST  
270  
MIAMI FL 33157**

**7. Name and Address of New Registered Agent**

Name  
**Dr. Francisco Pons, M.D.**  
Street Address (P.O. Box Number is Not Acceptable)  
**13500 N. Kendall Dr., Suite 131**  
City  
**Miami, FL** Zip Code  
**33186**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>PD</b>			
	<b>PONS, FRANCISCO DR.</b>			
	<b>9380 S.W. 150TH STREET</b>	<b>13500 N. Kendall Dr.</b>		
	<b>MIAMI FL 33157</b>	<b>Suite 131</b>	<b>MIAMI, FL 33186</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	<b>Chief Operating Officer</b>				
	<b>Elizabeth S. Pons</b>				
	<b>13500 N. Kendall Dr., Suite 131</b>				
	<b>Miami, FL 33186</b>				
	<b>President/Director</b>			<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>Pons, Francisco Dr.</b>				
	<b>13500 N. Kendall Dr. Suite 131</b>				
	<b>Miami, FL 33186</b>				

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/30/03**

Daytime Phone #

CR2E034 (10/02)