

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000078297**

Entity Name

**F. FERNANDEZ M.D.-KELLY MEDICAL CENTER CO. INC****FILED****Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90084 006 \*\*\*150.00

Principal Place of Business	Mailing Address
SW 162ND AVE HOMESTEAD FL 33033-3328	29613 SW 162ND AVE HOMESTEAD FL 33033-3328 8

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	65-0779365	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FERNANDEZ, MANUEL F 29613 SW 162ND AVE HOMESTEAD FL 33033-3328	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE
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This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS	ST-ZIP	TITLE	NAME
PSTD			
FERNANDEZ, MANUEL F			
3197 SW 111TH AVE			
MIAMI FL 33165			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ADDRESS	ST-ZIP	TITLE	NAME
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ADDRESS	ST-ZIP	TITLE	NAME
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ADDRESS	ST-ZIP	TITLE	NAME
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ADDRESS	ST-ZIP	TITLE	NAME
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ADDRESS	ST-ZIP	TITLE	NAME
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE:	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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CR2E034 (9/99)