

2000 UNIFORM BUSINESS REPORT (UBR)

4/1/2000 10:00:00 AM

DOCUMENT # P97000098656

1. Entity Name

ALVAREZ-JACINTO, CASANOVA AND PETERSEN M.D., P.A

FILED
May 30, 2000 8:00 am
Secretary of State

04-19-2000 90073 012 ***150.00

Principal Place of Business

Mailing Address

777 E 25 STREET STE 203
HIALEAH FL 33013

777 E 25 STREET STE 203
HIALEAH FL 33013-3850

2. Principal Place of Business

3. Mailing Address

11040 N. Kendall Drive

11040 N. Kendall Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C-100

C-100

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

33176

USA

Zip

Country

33176

USA

4. FEI Number

65-0809370

Applied For

Not Applicable

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

ALVAREZ-JACINTO, ORESTES R MD
5900 SW 117 AVE
#101
MIAMI FL 33186

Name

Joseph Barry Schimmel, Esq.

Street Address (P.O. Box Number is Not Acceptable)

Cohen, Chase & Hoffman, P.A.

9400 So. Dadeland Blvd., Suite 600

City

FL

Zip Code
33156

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

Joseph Barry Schimmel

5/19/2000

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, 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 P ☒ Delete
NAME ALVAREZ-JACINTO, ORESTES R SR
STREET ADDRESS 777 E 25 ST, #203
CITY-ST-ZIP HIALEAH FL 33013

TITLE P S D ☒ Change ☐ Addition
NAME Casanova, Laida N., M.D.
STREET ADDRESS 11040 N. Kendall Dr., Suite C-100
CITY-ST-ZIP Miami, FL 33176

TITLE S ☐ Delete
NAME CASANOVA, LAIDA N MD
STREET ADDRESS 777 E 25TH ST #203
CITY-ST-ZIP HIALEAH FL 33013

TITLE T D ☒ Change ☐ Addition
NAME Petersen, Richard A., M.D.
STREET ADDRESS 11040 N. Kendall Dr., Suite C-100
CITY-ST-ZIP Miami, FL 33176

TITLE T ☐ Delete
NAME PETERSEN, RICHARD A MD
STREET ADDRESS 777 E 25TH ST, #203
CITY-ST-ZIP HIALEAH FL 33013

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 of the corporation or the 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 information as required.

SIGNATURE:

Laida N. Casanova

4/10/2000

305 596 99 79

Date

Daytime Phone #

621-206

CR2E034 (9/99)