

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90010 036 ***150.00

C0100376

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P97000103325**
 1. Entity Name
**Pulmonary Medicine Associates
 of South Florida Corp.**

Principal Place of Business
**177 East 25th St.
 Suite 507
 Hialeah, FL 33013**

Mailing Address
**PO Box 1643
 Miami, FL 33144**

2. Principal Place of Business
**177 East 25th St.
 Suite, Apt. #, etc.
 507
 Hialeah, FL 33013**

3. Mailing Address
**PO Box 1643
 Suite, Apt. #, etc.
 Miami, FL 33144**

City & State
Hialeah, FL 33013

Zip
33013

Country
USA

4. FZI Number
65-0798485

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**America lawyer
 343 America Avenue
 Coral Gables, FL 33134**

7. Name and Address of New Registered Agent
 Name **Pulmonary Medicine Ass. of S.F.**
 Street Address (R.O. Box Number Not Acceptable)
**177 E. 25th St.
 507 (Suite)**
 City **Hialeah** **FL** **33013**

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fernandez, Alvaro 177 East 25th St. (President) Suite 507 Hialeah, FL 33013	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chacon, Julio Ramon 177 E. 25th St. (Vice President) Suite 507 Hialeah, FL 33013	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rois, Peter 177 E. 25th St. (Secretary) Suite 507 Hialeah, FL 33013	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: **[Signature]**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/00 **305 696 7789**
 Date Daytime Phone #

CR2E034 (9/99)