

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90089 029 \*\*\*150.00

**DOCUMENT # P98000031553**

1. Entity Name

**ANA M. HERNANDEZ, D.O., P.A.**

Principal Place of Business

Mailing Address

601 NW 179 AVE  
 #102  
 PEMBROKE PINES FL 33029  
 US

~~6767 COLLINS AVE, SUITE 1707~~  
~~MIAMI BEACH FL 33029-2819~~  
**19333 COLLINS AVE**

2. Principal Place of Business

3. Mailing Address

**19333 COLLINS AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#1910**

City & State

City & State

**SUNNY ISLES BEACH, FL.**

4. FEI Number

**65-0825351**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33160**

**USA**

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

**RODRIGUEZ, MIGUEL J**  
**4801 SOUTH UNIVESRITY DRIVE, SUITE 3000**  
**DAVIE FL 33328**

Name

**ANA M. HERNANDEZ D.O., P.A.**

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

**601 NW 179 AVE #102**

City

**Pembroke Pines**

FL

Zip Code

**33029**

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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*[Signature]* **DO** **1/2/2000**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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.

**\$5100** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	HERNANDEZ, ANA M	6767 COLLINS AVE, SUITE 1707	MIAMI BEACH FL 33141	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	HERNANDEZ ANA M.	19333 COLLINS AVE #1910	SUNNY ISLES BEACH, FL. 33160	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

**1/2/2000** **(954) 4330080**

11-100001

04-07-2000