

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/3

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

05-31-2000 90068 044 \*\*\*158.75

DOCUMENT # **9980000 35434**

1. Entity Name  
**Consolidated Physicians of Miami-Dade, Inc.**

Principal Place of Business Mailing Address  
**Please change to: 3320 PALM AVE**  
**Hialeah, FL 33012**

2. Principal Place of Business  
**3320 PALM AVE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**3320 PALM AVE**  
 Suite, Apt. #, etc.

City & State  
**Hialeah, FL**  
 Zip  
**33012**  
 Country  
**USA**

City & State  
**Hialeah, FL**  
 Zip  
**33012**  
 Country  
**USA**

4. FEI Number  
**05-1003512**  
 Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**Francisco J. Mora**  
**3320 PALM AVE**  
**Hialeah, FL 33012**

7. Name and Address of New Registered Agent  
 Name **Jorge Alvarez**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3320 Palm Ave**  
 City **Hialeah** FL Zip Code **33012**

9. 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  **Jorge A. ALVAREZ** DATE **5-5-00**  
Signature, typed or printed name of registered agent and this 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 <b>President</b>	<input checked="" type="checkbox"/> Delete
NAME <b>Francisco J. Mora</b>	
STREET ADDRESS <b>3320 Palm Ave</b>	
CITY-ST-ZIP <b>Hialeah, FL 33012</b>	
TITLE <b>Secretary</b>	<input type="checkbox"/> Delete
NAME <b>Francisco L. Padron</b>	
STREET ADDRESS <b>3320 Palm Ave</b>	
CITY-ST-ZIP <b>Hialeah, FL 33012</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Francisco L. Padron</b>
STREET ADDRESS	<b>3320 Palm Ave</b>
CITY-ST-ZIP	<b>Hialeah, FL 33012</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: **Francisco L. Padron** Date **5/5/00** Daytime Phone # **305 888 3049**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)