

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90022 043 \*\*\*150.00

**DOCUMENT # P98000054189**

1. Entity Name  
**HECTOR N. HERNANDEZ, M.D., P.A.**

Principal Place of Business Mailing Address  
 PO BX 510429 PO BX 510429  
 PUNTA GORDA FL 33951-2284 PUNTA GORDA FL 33951-0429



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.  
**21297 Olean Blvd.**

3. Mailing Address Suite, Apt. #, etc.

City & State  
**Port Charlotte FL**  
 Zip **33952** Country **USA**

City & State  
 Zip Country

4. FEI Number **65-0845053** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**FMR CORP.**  
**C/O FORMOSO-MURIAS, P.A.**  
**1101 BRICKELL AVENUE - PENTHOUSE SUITE**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent  
 Name **FMR Corp.**  
 Street Address (P.O. Box Number is Not Acceptable) **c/o Formoso-Murias, P.A.**  
**One Unity Square, 401 S.W. 27th Avenue**  
 City **Miami** FL Zip Code **33135**

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]* **President** DATE **February 8, 2000**  
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HERNANDEZ, HECTOR N MD</b> <b>21297 OLEAN BLVD</b> <b>PT CHARLOTTE FL 33952</b>	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **HECTOR N. HERNANDEZ, M.D.** *[Signature]* Date **2-13-00** (941) 764-0660  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)