

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90007 032 ***550.00

DOCUMENT # P98000063670

1. Entity Name
FERNANDO T. GARCIA, M.D., P.A.

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|---|---|
| Principal Place of Business 22180 ENSENADA WAY BOCA RATON FL 33433 | Mailing Address 22180 ENSENADA WAY BOCA RATON FL 33433 |
|---|---|

UUU0601U



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 801 NE 75 ST | 3. Mailing Address 801 NE 75 ST |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|--------------------------------------|--------------------------------------|------------------------------------|--|
| City & State Boca Raton FL | City & State Boca Raton FL | 4. FEI Number 65-0850399 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 33487 | Country US | Zip 33487 | Country US |

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|--|---|
| 6. Name and Address of Current Registered Agent GARCIA, FERNANDO T M.D. 22180 ENSENADA WAY BOCA RATON FL 33433 | 7. Name and Address of New Registered Agent Name Garcia, Fernando T M.D. Street Address (P.O. Box Number is Not Acceptable) 801 NE 75 ST City Boca Raton FL Zip Code 33487 |
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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 _____ (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) <input type="checkbox"/> | FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | D GARCIA, FERNANDO T M.D. 22180 ENSENADA WAY BOCA RATON FL 33433 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Garcia, Fernando T M.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 801 NE 75 ST Boca Raton FL 33487 |
| 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 |
| 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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| 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 |

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: Fernando T. Garcia, M.D. DATE: 8-15-00 DAYTIME PHONE #: 561-945-6779

CR2E034 (5/00)