

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90004 049 ***150.00

DOCUMENT # P98000068034

1. Entity Name

ALFREDO D. FERNANDEZ, M.D., P.A.

A

Principal Place of Business

1515 SOUTH OSPREY AVENUE
 SARASOTA FL

Mailing Address

1515 SOUTH OSPREY AVENUE
 SARASOTA FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0861617

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

80105101



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERNANDEZ, ALFREDO
1515 SOUTH OSPREY AVENUE
SARASOTA FL

Name

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

City

FL

Zip Code

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

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 \$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.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME D FERNANDEZ, ALFREDO D		NAME	
STREET ADDRESS 541 STRASBURG DRIVE		STREET ADDRESS	
CITY-ST-ZIP PORT CHARLOTTE FL 33954		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 supplement to this 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 appointed to 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 this report.

SIGNATURE:

Alfredo Fernandez
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

for beautiful skin

**Alfredo D.
Fernandez
M.D., P.A.**

Diplomate, American
Board of Dermatology

Diplomate, American
Board of Pediatrics

Fellow, American
Academy of Dermatology

Fellow, American Society
for Dermatologic Surgery

Member, Florida
Society of Dermatology

Member, Florida State
Medical Society

Member, American
Medical Association

Award-Winning
Pediatric Care

Specializing in:

- ~ Comprehensive skin
evaluation
- ~ Treatment of aging &
sun-damaged skin
- ~ Skin cancer diagnosis
& treatment
- ~ Pediatric & adolescent
dermatology
- ~ Warts, moles &
pigmented lesions
- ~ Infectious diseases
of the skin
- ~ Acne & acne scarring
- ~ Dermatologic surgery
- ~ Skin rejuvenation
- ~ Cryosurgery
- ~ Cosmetic dermatology

Amenities:

- ~ Friendly, knowledgeable
staff
- ~ Convenient location
- ~ Up-to-date equipment
- ~ Spanish & Portuguese
spoken
- ~ Visa, MasterCard &
American Express
- ~ Most insurance
accepted



**ADF Dermatology
and
Skin Surgical Center
of Sarasota**

Attachment doe #
P98000068034
B0105101

August 31, 2000

FL DPT OF STATE
DIV OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
PO BX 1500
TALLAHASSEE FL 32302-1500

TO WHOM IT MAY CONCERN

RE: **2000 UNIFORM BUSINESS REPORT PAYMENT**
Document #P98000068034
FEI #65-0861617

I hope that you will accept this payment of \$150.00 for the Uniform Business Report. This notice of the invoice being due is the first received by this office. We did not receive a previous invoice.

Please send any future bills to my attention. Thank you.

Sincerely,

A handwritten signature in cursive script that reads 'C. Morrow'.

C. Morrow
Office Manager

TAP
enclosure