FILED Sep 07, 2000 8:00 am Secretary of State 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000068034

09-07-2000 90004 049 ***150.00

Principal Place of Business Mailing Address 1515 SOUTH OSPREY AVENUE 1515 SOUTH OSPREY AVENUE SARASOTA FL SARASOTA FL 80105101

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

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		
				DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 65-0861617 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent
FERNANDEZ, ALFREDO 1515 SOUTH OSPREY AVENUE SARASOTA FL			- Name	Address (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
SIGNATURE -	named entity submits this statement f			or registered agent, or both, in the State of Florida. ature required when reinstating) DATE
Tax filing re (See criter	ration is eligible to satisfy its Intangible coulrement and elects to do so.	After SEPTEMBER 13 Make Check Payab	le to Departmen	Trust Fund Contribution. Total State Total Fund Contribution. Added to Fees
11.	OFFICERS AND		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, ALFREDO D 541 STRASBURG DRIVE PORT CHARLOTTE FL 33954	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS	•	☐ Delete	TITLE NAME STREET ADDRESS	Change Addition

13. I hereby certify that the information supplied with this filling 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 preparity that the information stated on this report or supplement preparity that the information indicated on this report or supplement preparity that the information indicated on this report or supplement preparity that the information indicated on this report or supplement preparity that the information indicated on this report of the corporation or the receiver of the supplement preparity that the information indicated on this report of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation of the corporation of the corporation of the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal

CITY-ST-ZIP

SIGNATURE:

for beautiful skiu...

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

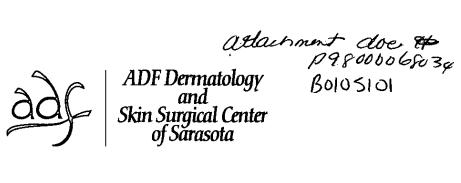
Award-Winning Pediatric Care

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



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,

C. Morrow Office Manager

TAP enclosure