

**2000 UNIFORM BUSINESS REPORT (UBR)**

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

04-07-2000 90076 030 \*\*\*150.00

**DOCUMENT # P98000071062**

1. Entity Name  
**HECTOR M. DELGADO, D.O., P.A.**

Principal Place of Business      Mailing Address  
**3506 S.W. 113TH PLACE**      **3506 S.W. 113TH PLACE**  
**MIAMI FL 33165**      **MIAMI FL 33165-3416**

2. Principal Place of Business      3. Mailing Address  
**8740 NORTH KENDALL DRIVE**      **8740 NORTH KENDALL DRIVE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite 101**      **Suite 101**

City & State      Country      City & State      Country  
**MIAMI FL**      **USA**      **MIAMI FL**      **USA**

Zip      Country      Zip      Country  
**33176 USA**      **33176 USA**

4. FEI Number      Applied For  
**65-0885604**       Not Applicable

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

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**ESPINOSA, GERARDO**  
**10991 S.W. 40TH STREET**  
**MIAMI FL 33165**

Name      **Hector M. Delgado**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8740 NORTH KENDALL DRIVE**  
**Suite 101**  
 City      **MIAMI FL**      Zip Code      **33176**

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  **Hector M. Delgado**      DATE **4/3/00**  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reappointing)      DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
(See criteria on back)      **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>PTD DELGADO, HECTOR M 3506 S.W. 113TH PLACE MIAMI FL 33165</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></b> <b>OF ADDRESS</b> <b>7421 SW 161 PLACE MIAMI FL 33193</b>
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
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:  **Hector M. Delgado**      Date **4/3/00**      Daytime Phone # **305 279 0111**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)