

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000075872

1. Entity Name

H.M. MEDICAL CONSULTANTS, P.A.

Principal Place of Business

25 SOUTHEAST 2ND AVENUE, SUITE 220  
MIAMI FL 33131

Mailing Address

25 SOUTHEAST 2ND AVENUE, SUITE 220  
MIAMI FL 33131

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

14657 SW 139th Place

Suite, Apt. #, etc.

City & State

City & State  
Miami FL

Zip

Country

Zip  
33186

Country  
Miami-Dade

4. FEI Number 65-0867142

Applied For

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

MALDONADO, HECTOR M  
25 SOUTHEAST 2ND AVENUE, SUITE 220  
MIAMI FL 33131

Name

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

14657 SW 139th Place

City

Miami

FL

Zip Code

33186

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. Maldonado

(NOTE: Registered Agent signature required when reinstating)

1/18/01

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 \$150.00**  
**After MAY 1, 2001 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 PD  
NAME MALDONADO, HECTOR M  
STREET ADDRESS 25 SOUTHEAST 2ND AVENUE, SUITE 220  
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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. Maldonado

Hector M. Maldonado

Date

1/18/01

Daytime Phone #

305 890 4302

CR2E034 (10/00)