

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098100

1. Entity Name

FLORIDA MEDICAL GROUP CORP.

Principal Place of Business  
1740 CORAL WAY  
SUITE B  
MIAMI FL 33145

Mailing Address  
1740 CORAL WAY  
SUITE B  
MIAMI FL 33145

2. Principal Place of Business  
1540 WASHINGTON AVE.

3. Mailing Address  
1540 WASHINGTON AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
MIAMI BEACH FL

City & State  
MIAMI BEACH FL

4. FEI Number  
65-0887825

Applied For  
Not Applicable

Zip  
33139

Country

Zip  
33139

Country

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

DOMINGUEZ, MANUEL MD  
1740 CORAL WAY  
SUITE B  
MIAMI FL 33145

Name  
DOMINGUEZ, MANUEL MD  
Street Address (P.O. Box Number is Not Acceptable)  
1540 WASHINGTON AVE.

City MIAMI BEACH FL Zip Code 33139

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 \$150.00**  
**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 D ☐ Delete  
NAME DOMINGUEZ, MANUEL  
STREET ADDRESS 1540 WASHINGTON AVE.  
CITY-ST-ZIP MIAMI BEACH FL 33139

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

TITLE D ☐ Delete  
NAME GONZALEZ, JESUS JR.  
STREET ADDRESS 1540 WASHINGTON AVE.  
CITY-ST-ZIP MIAMI BEACH FL 33139

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

TITLE D ☐ Delete  
NAME SOTO, RAFAEL A. MD  
STREET ADDRESS 161 WASHINGTON AVE. #914  
CITY-ST-ZIP MIAMI BEACH FL 33139

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

TITLE D ☐ Delete  
NAME BAEZ, HUMBERTO MD  
STREET ADDRESS 3006 NW 7 ST  
CITY-ST-ZIP MIAMI FL 33126

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME BURGOS, RAFAEL MD  
STREET ADDRESS 840 5 STREET  
CITY-ST-ZIP MIAMI BEACH FL 33129

TITLE ☐ Delete  
NAME  
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: 

MANUEL DOMINGUEZ MD DIR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 04, 2000 8:00 am  
Secretary of State

04-04-2000 90015 042 \*\*\*150.00

00050059

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)