

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90115 017 ***150.00

DOCUMENT # P99000011899

1. Entity Name

JOSE M. TORRES AND ASSOCIATES, M.D., P.A.

00044684



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

C/O ROLLNICK & LINDEN, P.A.
 133 SEVILLA
 CORAL GABLES FL 33134

C/O ROLLNICK & LINDEN, P.A.
 133 SEVILLA
 CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

2261 N. UNIVERSITY DR #201
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES

City & State

PEMBROKE PINES

4. FEI Number

65-0907603

Applied For

Not Applicable

Zip

Country

33024

BROWARD

Zip

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

LOPEZ, PETER M.
 C/O ROLLNICK & LINDEN, P.A.
 133 SEVILLA
 CORAL GABLES FL 33134

Name: **JOSE M TORRES MD**
 Street Address (P.O. Box Number is Not Acceptable):
 16440 NW 12TH ST
 City: **PEMBROKE PINES** FL Zip Code: **33028**

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]

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

3-24-00

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	<input type="checkbox"/> Delete
NAME	TORRES, JOSE M M.D.	
STREET ADDRESS	16440 N.W. 12TH ST.	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/20/02** Daytime Phone #: **954-989-1015**