

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011899

1. Entity Name

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

FILED

Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90115 017 ***150.00

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 33134-6806

00044684



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2241 N. UNIVERSITY DR #201
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PEMBROKE PINES

Zip

Country

Zip

Country

33024 BROWARD

4. FEI Number

65-0907603

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

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

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 *Jose M. Torres MD*

(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 ☐ Delete
NAME TORRES, JOSE M M.D.
STREET ADDRESS 16440 N.W. 12TH ST.
CITY-ST-ZIP PEMBROKE PINES FL 33028

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 ☐ Change ☐ Addition
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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: *Jose M. Torres MD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20/02 954-989-1015