

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90337 006 \*\*\*150.00

**DOCUMENT # P99000017232**

1. Entity Name  
**DELGADO & FLEITES, M.D., P.A.**

Principal Place of Business

9220 SW 72ND ST  
 STE-102  
 MIAMI FL 33173

Mailing Address

9220 SW 72ND ST  
 STE-102  
 MIAMI FL 33173

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0899969**

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

**Peter M. Lopez**

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

**2450 SW 137th Ave.**

**Ste 234**

City

**Miami**

**FL**

Zip Code

**33175**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Peter M. Lopez**

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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  
**PT**  
**DELGADO, JR, JOSE M MD**  
**9220 SW 72ND ST, STE-102**  
**MIAMI FL 33173-3259**

☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VS**  
**FLEITES, JORGE MD**  
**9220 SW 72ND ST, STE-102**  
**MIAMI FL 33173-3259**

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TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP  
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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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/15/02**  
 Date

**305 274-6422**  
 Daytime Phone #

CR2E034 (4/02)

*Attachment*  
DELGADO & FLEITES, MD, PA  
INTERNAL MEDICINE

*P9900017232*

JOSE M. DELGADO, JR., MD, FACP  
*Diplomate American Board of Internal Medicine*

JORGE FLEITES, MD, FACP  
*Diplomate American Board of Internal Medicine*

July 15, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

To Whom It May Concern:

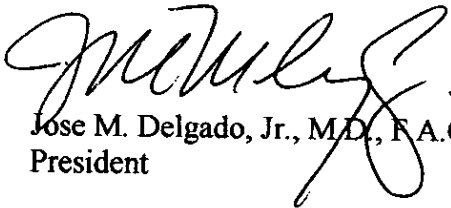
This is to inform you that our corporation did not receive the prior notice you sent regarding the filing fee.

We have been in the process of moving our offices and most of our mail is being routed to our office manager's residence via a courier.

Please accept the enclosed \$150.00 filing fee as our payment. I humbly request that you waive the penalty fee for our corporation.

Thank you for your cooperation in this matter

Respectfully,



Jose M. Delgado, Jr., M.D., F.A.C.P.  
President