

2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 18, 2000 8:00 am
Secretary of State

04-19-2000 90245 016 ***150.00

DOCUMENT # P99000025188

1. Entity Name

MARIA J. GUTIERREZ, M.D., FACR, P.A.

Principal Place of Business

Mailing Address

2472 N. UNIVERSITY DRIVE
 PEMBROKE PINES FL 33024

2472 N. UNIVERSITY DRIVE
 PEMBROKE PINES FL 33024-3624

403127



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0907034

Applied For

Not Applicable

Zip

Country

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

H.A. INCORPORATED
308 NW 101 TERRACE
CORAL SPRINGS FL 33074

Name

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

City

FL

Zip Code

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 NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------------------------|--------------------------|-------------------------|---------------------------------|
| D GUTIERREZ, MARIE J | 2472 N. UNIVERSITY DRIVE | PEMBROKE PINES FL 33024 | <input type="checkbox"/> |
| TITLE NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |

| TITLE NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|------------|----------------|-------------|---------------------------------|-----------------------------------|
| TITLE NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
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| TITLE NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00

Date

Daytime Phone #