2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047848

1. Entity Name

J.P. ALVAREZ, M.D., P.A.

FILED
Apr 23, 2000 8:00 am
Secretary of State
04-23-2000 90051 042 ***150.00

Principal Place of Business	Mailing Address
4891 N U.S. 1 FT PIERCE FL 34946	4891 N U.S. 1 FT PIERCE FL 34946-7316

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 2612 Sunrise Blvd.
Suite, Apt. #, etc.
City & State: Ft. Pierce, FL
Zip: 34982 Country: St. Lucie

3. Mailing Address: 2612 Sunrise Blvd.
Suite, Apt. #, etc.
City & State: Ft. Pierce, FL.
Zip: 34982 Country: St. Lucie

4. FEI Number: 65-0931936 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. **Name and Address of Current Registered Agent**

ALVAREZ, J.P.
~~4891 N U.S. 1~~
~~FT PIERCE FL 34946~~
2612 Sunrise Blvd
Ft. Pierce, FL 34982

7. **Name and Address of New Registered Agent**

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 Jose P. Alvarez MD
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	D ALVAREZ, J.P. 4891 N U.S. 1 FT PIERCE FL 34946	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alvarez, J.P. 870 Coral Ridge Dr #301 Coral Springs, FL. 33071	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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 P. Alvarez MD/President of Corp. 4/17/00 (954)972-2665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Jose P. Alvarez MD Date Daytime Phone #