## 2000 UNIFORM BUSINESS REPORT (UBR)

3. Mailing Address

City & State

Ζip

Suite, Apt. #, etc.

## DOCUMENT # P99000049982

1. Entity Name

F. HERNANDEZ, M.D., P.A.

Dringing Place of Burings

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Principal Place of Business	Mailing Address				
CCC N. HART BLVD. CCLANDO FL 32818	600 N. HART BLVD. ORLANDO FL 32818-6834				

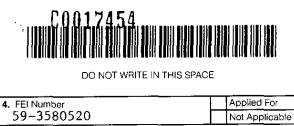
Country

## **FILED** Feb 23, 2000 8:00 am Secretary of State

02-23-2000 90004 046 \*\*\*150.00

\$8.75 Additional

Fee Required



 $\Box$ 

5. Certificate of Status Desired

6. Name and Address of Current Registered Agent 7. 1		7. N	7. Name and Address of New Registered Agent					
		Name						
HERNANDEZ, FERNANDO I 600 N. HART BLVD. ORLANDO FL 32818		Street Ac	ldress (P.O. Bo	ox Number is Not Acceptable)				
		City			FL	Zip Code	+	
8. The above named entity submits this statement for the SIGNATURE  Signature, typed or printed name of reg. error gent and to		gistered office or			ATÉ			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)	ts intangible do so.  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.		Added	May Be to Fees		
11. OFFICERS AND DIF	ECTORS	12.		DITIONS/CHANGES TO OFFICERS				_
TITLE D NAME HERNANDEZ, FERNANDO I STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32818	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	P/D/S		<b>≥</b>	Change	Addition	CR2E034 (9/99)
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	] පි   
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  13. Thereby certify that the information supplied with this	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- Lin 0 - M	110 07(DV)) Florida Chat day / 5 11		Change	Addition	

Country

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:** 

FERNANDO L. HERNANDEZ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-29<sup>12</sup>00