

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90097 012 ***150.00

DOCUMENT # P99000052775

1. Entity Name

FRANK HERNANDEZ, D.M.D., P.A.

Principal Place of Business

Mailing Address

**2013 DOWN WOODS LANE
 WINDERMERE FL 34786**

**2013 DOWN WOODS LANE
 WINDERMERE FL 34786-8002**

2. Principal Place of Business

10125 W Colonial Drive

3. Mailing Address

Suite, Apt. #, etc.
208

Suite, Apt. #, etc.

City & State

Ocoee, FL

City & State

4. FEI Number

59-3584225

Applied For

Not Applicable

Zip
34761

Country
Orange

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERNANDEZ, FRANK P
 2013 DOWN WOODS LANE
 WINDERMERE FL 34786**

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 Delete
 NAME **D HERNANDEZ, FRANK P**
 STREET ADDRESS **2013 DOWN WOODS LANE**
 CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE Change Addition
 NAME **D/P/S/T**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
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 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: _____

Frank Hernandez, DMD
 FRANK HERNANDEZ, D.M.D., P.A. President

3/3/2000

Date

407-294-7558

Daytime Phone #

CR2E034 (9/99)