

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-18-2000 90249 038 ***150.00

DOCUMENT # P99000064643

1. Entity Name
MANUEL A. CAMPO, M.D., P.A.

Principal Place of Business C/O MARC H. AUERBACH, ESQ. 201 S. BISCAYNE BLVD., 20TH FLOOR MIAMI FL 33131	Mailing Address C/O MARC H. AUERBACH, ESQ. 201 S. BISCAYNE BLVD., 20TH FLOOR MIAMI FL 33131-4325
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business MANUEL A CAMPO, MD Suite, Apt. #, etc. 10750 SW 119 ST	3. Mailing Address 10750 SW 119 ST Suite, Apt. #, etc.
City & State MIAMI FL	City & State MIAMI FL

4. FEI Number 65-0941177	Applied For <input type="checkbox"/> Not Applicable
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Zip 33176	Country USA	Zip 33176	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AUERBACH, MARC H ESQ.
 201 S. BISCAYNE BLVD., 20TH FLOOR
 MIAMI FL 33131**

Name MANUEL A CAMPO, MD
Street Address (P.O. Box Number is Not Acceptable) 10750 SW 119 STREET
City MIAMI
State FL
Zip Code 33176

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 Manuel A Campo
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		P,S&T Manuel A. Campo, M.D. 10750 S.W. 119th Street Miami, FL 33176	
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
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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: Manuel A Campo **3/4/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/00 (305) 259 3414
Date Daytime Phone #

CR2E034 19/99