2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000090693 **DOCUMENT #**

1. Entity Name

ARMÁNDO A. FERNANDEZ, M.D., P.A.



FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90242 041 ***150.00

Mailing Address 100 m 1981 Notice 100 m						00 WE 1					
Suite, Apt. #, etc.	11001 NW 18TH DRIVE			11001 NW 18TH DRIVE				1 (11 (1 11) 110 (11) 11 (11) 1 0 (11) 11			
City & State Ci	2. Principal P	lace of Busin	ess	3. Mailing Address			-				
Country Zip Country Zip Country St. Applicable St. Applicabl	Suite, Apt.	#, etc.		Suite, Apt. #, etc.			7	CHECK HERE IF MAKING CHANGES			
WALTERS, RONALD J 10168 NN 17TH STREET CORAL SPRINGS FL 33071 8. The above named entity submits this statement for the purpose of changing its registered agent. or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Springs Spri	City & State			City & State			4.	Dh1Mh210			
WALTERS, RONALD J 10166 NW 17TH STREET CORAL SPRINGS FL 33071 City FL City FL City	l '			Zip Country		try	~ =5.	Certificate of Status Desired			
WALTERS, RONALD J 10168 NW 17TH STREET CORAL SPRINGS FL 33071 City FL Zip Code		6. Name	and Address of Current	legistered Agent			7. Name and Address of New Registered Agent				
10166 NW 17TH STREET CORAL SPRINGS FL 33071 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE STREET NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIRE NAME STREET ADDRESS OTTY-ST-2P FLANTATION FL 33322 10 Delete 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIRE NAME STREET ADDRESS OTTY-ST-2P FLANTATION FL 33322 10 Delete 11 NAME STREET ADDRESS OTTY-ST-2P 12 NAME STREET ADDRESS OTTY-ST-2P 13 NAME STREET ADDRESS OTTY-ST-2P 14 Delete 15 NAME STREET ADDRESS OTTY-ST-2P 16 NAME STREET ADDRESS OTTY-ST-2P 17 NAME STREET ADDRESS OTTY-ST-2P 17 NA	Name										
CORAL SPRINGS FL 33071 6. The above named entity submits this statement for the purpose of changing its registered office or registated agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registated agent, and the forest agent. SIGNATURE Signame, spring presentation for the purpose of changing its registered office or registated agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registated agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registated agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registated agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registated agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registated agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registated agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registated agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registated agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registated agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registated agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registated agent, or both, in the State of Forida. I am familiar with, and accept the obligation of registated agent, or both, in the State of Forida. I am familiar with, and accept the	l .			Street Addres		Street Address	s (P.O. Box Number is Not Acceptable)				
8. The above named entity submite this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE STRUCK TOPES OF price triped to priced signated agent and title if explicative. PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make, Check Payable to Florida Department of State 10.											
THE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Floridation of State O	Į					City		F	Zip Cod	e	
Signature, upwed or prince of angitured agent and stof in applicable. (MOTE: Requisered Agent signature required whom recordable): Fill: NOW!!! FEE is, \$150.00											
After May 1, 2003 Fee will be \$550,00 May Bo Added to Fees											
Make_Check Payable to Florida Department of State 10.				<u>-</u>		,					
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	NAME STREET ADDRESS CITY-ST-ZIP				NAME STREE CITY-	E Et address -St-Zip					

indicated on this report or supplied with this limit does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. This fire 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OFFICER OR DIRECTOR "EJUIRED