

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90043 030 \*\*\*150.00

**DOCUMENT # F96413**

1. Entity Name  
**GUSTAVO B. ANIBARRO, M.D., P.A.**

Principal Place of Business <b>% GUSTAVO B ANIBARRO</b> <b>106-BOSTON AVENUE, SUITE 205</b> <b>ALTAMONTE SPRINGS FL 32701</b>	Mailing Address <b>% GUSTAVO B ANIBARRO</b> <b>106-BOSTON AVENUE, SUITE 205</b> <b>ALTAMONTE SPRINGS FL 32701 4712</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>106 AMBERWOOD CT.</b> Suite, Apt. #, etc.	3. Mailing Address <b>106 AMBERWOOD CT.</b> Suite, Apt. #, etc.
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City & State <b>LONGWOOD, FL.</b>	City & State <b>LONGWOOD, FL</b>
Zip <b>32779</b>	Zip <b>32779</b>
Country	Country

4. FEI Number <b>59-2211290</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>ANIBARRO, GUSTAVO B</b> <b>106-BOSTON AVENUE, STE 205</b> <b>ALTAMONTE SPRINGS FL 32701</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>106 AMBERWOOD CT.</b> <b>LONGWOOD, FL 32779</b> City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>GERSOVICH, EUGENIO A</b> <b>106 BOSTON AVE #206</b> <b>ALTAMNTE SPRNGS,FL 00000</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ANIBARRO, GUSTAVO B</b> <b>106 BOSTON AVE #205</b> <b>ALTAMONT SPRINGS,FL 00000</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD.</b> <b>ANIBARRO, GUSTAVO B.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>106 AMBERWOOD CT.</b> <b>LONGWOOD, FL 32779</b>
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
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
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
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

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: *Gustavo B. Anibarro* **4/7/2000** - 407-788-6701  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)