

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR -3 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L95000000602**

1. Entity Name  
**BAYSHORE PHYSICIANS OF FLORIDA, L.C.**

Principal Place of Business Mailing Address  
**BUILDING 2, SUITE 104 PO BOX 130**  
**5411 GRAND BOULEVARD NEW PORT RICHEY FL 34656-0130**  
**NEW PORT RICHEY FL 34656**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3327832** Applied For  
Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**RUIZ, ALFONZO**  
**BUILDING 2, SUITE 104**  
**5411 GRAND BOULEVARD**  
**NEW PORT RICHEY FL 34652**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**9. MANAGING MEMBERS/MEMBERS**

**10. ADDITIONS/CHANGES**

TITLE NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	TITLE NAME	STREET ADDRESS	CITY - ST - ZIP	CHANGE	ADDITION
MGRM RUIZ, ESTEVAN A M.D.,PA	5341 GRAND BLVD., BLDG. 2, SUITE 102	NEW PORT RICHEY FL 34652	<input type="checkbox"/>	MGRM Ruiz, Estevan A. M.D. P.A.	5411 Grand Blvd, Bldg 2, Suite 104	New Port Richey FL, 34652	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: E. Alfonso Ruiz M.D. **RED** 3/30/00 727-949-8322  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)