

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000000198**

FILED

01 SEP 10 PM 12:17

1. Entity Name
SERGIO J. CABRERA, M.D., P.L.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**125 REDSTONE AVE.
SUITE A
CRESTVIEW FL 32539**

Mailing Address
**125 REDSTONE AVE.
SUITE A
CRESTVIEW FL 32539**

2. Principal Place of Business
550 W. Redstone Avenue

3. Mailing Address
550 W. Redstone Avenue

Suite, Apt. #, etc.
Suite 470

Suite, Apt. #, etc.
Suite 470

City & State
Crestview, Florida

City & State
Crestview, Florida

4. FEI Number
59-3492937

Applied For
Not Applicable

Zip Country
32536 U.S.

Zip Country
32536 U.S.

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

**CABRERA, SERGIO J
125 REDSTONE AVE.
SUITE A
CRESTVIEW FL 32539**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001**

**400004602944--9
-09/20/01--01075--014
*****50.00 *****50.00**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAPUTO, ROBERT S TRUSTEE 4578 LIVE OAK CHURCH ROAD CRESTVIEW FL 32536	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CABRERA, SERGIO J MD 4578 LIVE OAK CHURCH ROAD CRESTVIEW FL 32536	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Sergio J. Cabrera** **9/5/01**

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CR2E083 (5/01)

STAPLE CHECK HERE