FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 07, 2002 8:00 am P96000025879 DOCUMENT # **Secretary of State** 1. Entity Name 02-07-2002 90160 050 \*\*\*158.75 ALBERTO VILLA, M.D., P.A. Principal Place of Business Mailing Address 3472 FOREST HILL BLVD. 3472 FOREST HILL BLVD. WEST PALM BEACH FL 33406 WEST PALM BEACH FL 33406 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE - -City & State City & State 4. FEI Number Applied For 65-0651819 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VILLA, ALBERTO M Street Address (P.O. Box Number is Not Acceptable) 1794 TROTTER CT **WELLINGTON FL 33414** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registery FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **10.** Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State D ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (9/01) TITLE ☐ Delete TITLE AIBERTO VILLA, ALBERTO 3472 FOREST Hill Bluy # Z NAME NAME 3472 FOREST HILL BLVD #2 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33406 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE maria Ville VILLA, ANA MARIA NAME NAME 3472 FOREST HILL BLVD, STE 2C STREET ADDRESS STREET ADDRESS W PALM BEACH FL 33406 CITY~ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE [] Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 supplied in the corporation of the receiver of trustee and overall 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 of trustee and owered possessing sport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachment with

SIGNATURE AND TYPED OR PRINTED