2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90481 030 ***150.00

DOCUMENT # P99000046808

1. Entity Name
MID FLORIDA PRIMARY CARE PHYSICIANS ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
126 GOODRIDGE AVE	P.O. BOX 909
SUITE B	APOPKA FL 32704
APOPKA FL 32703	

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1475 W. US Hwy 441	P.O. Box 909
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Apopka Florida	City & State: Apopka FL
Zip: 32712 Country: USA	Zip: 32704 Country: USA

4. FEI Number 59-3578497 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROSENDO, LEYBERTH M M.D.
1475 FALCONWOOD COURT
APOPKA FL 32712

7. Name and Address of New Registered Agent

Name: Rosendo, Leyberth M. M.D
Street Address (P.O. Box Number is Not Acceptable): 1475 W. US Hwy 441
City: Apopka **FL** Zip Code: 32712

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 [signature] 04-22-2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☒ Delete	TITLE		☒ Change ☐ Addition
NAME	ROSENDO, LEYBERTH M M.D.		NAME	Rosendo Leyberth M. M.D.	
STREET ADDRESS	1475 FALCONWOOD COURT		STREET ADDRESS	1475 W. US Hwy 441	
CITY-ST-ZIP	APOPKA FL 32712		CITY-ST-ZIP	Apopka FL 32712	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED [signature] 04-22-2003 407-889-8008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #