

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90074 035 ***150.00

DOCUMENT # S00920

1. Entity Name
ESTEVAN ALFONZO RUIZ, M.D., P.A.

Principal Place of Business 5411 GRAND BLVD. 104 NEW PORT RICHEY FL 34652 US	Mailing Address 5411 GRAND BLVD. SUITE 104 NEW PORT RICHEY FL 34652-4011 US
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3026973		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RUIZ, ESTEVAN ALFONZO 5411 GRAND BLVD. SUITE 104 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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 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	D RUIZ, ESTEVAN ALFONZO 5341 GRAND BLVD. #104 NEW PORT RICHEY FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Estevan Alfonso Ruiz M.D. 5411 Grand Blvd., Ste #104 New Port Richey, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Karen C. Ruiz R.N. 5411 Grand Blvd., Ste #104 New Port Richey FL. 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 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: E. Alfonso Ruiz M.D. Date: 3/30/00 Daytime Phone #: 727-849-8322

CR2E034 (9/99)