

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

0421944

DOCUMENT # S00920

1. Entity Name

ESTEVAN ALFONZO RUIZ, M.D., P.A.

03-14-2001 90518 042 ***158.75

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
 US

2. Principal Place of Business

8813 RIVER CROSSING BLVD.

3. Mailing Address

8813 RIVER CROSSING BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NEW PORT RICHEY, FL 34652

City & State

NEW PORT RICHEY, FL

4. FEI Number

59-3026973

Applied For

Not Applicable

Zip

34652

County

PASCO

Zip

34652

County

PASCO

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RUIZ, ESTEVAN ALFONZO
 5411 GRAND BLVD.
 SUITE 104
 NEW PORT RICHEY FL 34652**

7. Name and Address of New Registered Agent

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

[Handwritten Signature] **3/6/01**

Signature, typed or printed name of registered agent and title if applicable.

(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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	RUIZ, ESTEVAN ALFONZO	5411 GRAND BLVD., STE 104	NEW PORT RICHEY FL 34652	<input type="checkbox"/>
V	RUIZ, KAREN C R.N.	5411 GRAND BLVD., STE #104	NEW PORT RICHEY-FL 34652	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		8813 RIVER CROSSING BLVD.	NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		8813 RIVER CROSSING BLVD	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"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature] **3/6/01**

Date

Daytime Phone #

CR2E034 (10/00)