

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90139 002 \*\*\*150.00

0397382 AV

**DOCUMENT # S21136**  
 1. Entity Name  
**RAFAEL R. LOPEZ, M.D., P.A.**

Principal Place of Business Mailing Address  
**12953 PALMS WEST DRIVE SUITE 201 LOXAHATCHEE FL 33470**  
**12953 PALMS WEST DRIVE SUITE 201 LOXAHATCHEE FL 33470**

**80066350**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **65-0235562** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**LOPEZ, RAFAEL R.**  
**12953 PALMS WEST DRIVE SUITE 201 LOXAHATCHEE FL 33470**

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 \_\_\_\_\_ (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, 2002 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	<b>D</b> <b>LOPEZ, RAFAEL R.</b> <b>12953 PALMS WEST DRIVE, STE 201</b> <b>LOXAHATCHEE FL 33470</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

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: Rafael R Lopez MD DATE: 4/2/02  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CFR2E034 (9/01)