

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2003 8:00 am
Secretary of State

09-05-2003 90116 042 ***550.00

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DOCUMENT # **V20777**

1. Entity Name
OUTPATIENT FAMILY HEALTHCARE CLINIC, P.A.



Principal Place of Business
**6319 MEMORIAL HIGHWAY
SUITE #14
TAMPA FL 33615
US**

Mailing Address
**6319 MEMORIAL HIGHWAY
SUITE #14
TAMPA FL 33615
US**



2. Principal Place of Business
6321 Chauncy ST
Suite, Apt. #, etc.

3. Mailing Address
6321 Chauncy ST
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Tampa, Florida

City & State
Tampa, Florida

4. FEI Number **59-3110633**

Applied For
Not Applicable

Zip **33647** Country **USA**

Zip **33647** Country **USA**

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

6. Name and Address of Current Registered Agent

**PRIETO, MARIA J.
6321 CHAUNCY ST
TAMPA FL 33647**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

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TITLE	NAME	TITLE	NAME
	PD PRIETO, MARIA J. 6321 CHAUNCY ST TAMPA FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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** *Prieto* **President** **9/3/2003** **813-978-8511**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)