

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90022 016 \*\*\*158.75

**DOCUMENT # P00000086140**

1. Entity Name

**ARTHUR J. PEDREGAL, M.D., P.A.**

Principal Place of Business

Mailing Address

~~4710 N. HABANA AVE., SUITE 300~~  
**TAMPA FL 33614**

~~4710 N. HABANA AVE., SUITE 300~~  
**TAMPA FL 33614**

**4700 N. Habana Ave**  
**#502 TAMPA, FL 33614**

2. Principal Place of Business

3. Mailing Address

**4700 N. Habana Ave**

**4700 N. Habana Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#502**

**#502**

City & State

City & State

**Tampa FL**

**Tampa FL**

Zip

Country

Zip

Country

**33614**

**Hillsborough**

**33614**

**Hillsborough**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEDREGAL, ARTHUR J**

~~4710 N. HABANA AVE., SUITE 300~~ **4700 N. Habana Ave.**  
**#502**  
**TAMPA FL 33614**  
**Tampa, FL 33614**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Arthur J. Pedregal, M.D., Pres. 1/10/02**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Delete
NAME	<b>D PEDREGAL, ARTHUR J</b>
STREET ADDRESS	<del>5517 PENTAIL CIR.</del> <b>4700 N. Habana Ave</b>
CITY - ST - ZIP	<del>TAMPA FL 33625</del> <b>#502 Tpe. FL 33614</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
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CITY - ST - ZIP	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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

**SIGNATURE REQUIRED**  
**Arthur J. Pedregal, M.D., Pres. 1/10/02 (813) 879-7990**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)