

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

4700 N. Habana Ave
 #502 TAMPA, FL 33614



DO NOT WRITE IN THIS SPACE

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

4. FEI Number **Applied For**
 59-3670555 Not Applicable

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

6. Name and Address of Current Registered Agent
 PEDREGAL, ARTHUR J
~~4710 N. HABANA AVE., SUITE 300~~ 4700 N. Habana Ave.
 TAMPA FL 33614 #502
 Tampa, FL 33614

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: Arthur J. Pedregal, M.D., Pres. DATE: 1/10/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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: ARTHUR J. PEDREGAL, M.D., Pres. DATE: 1/10/02 DAYTIME PHONE #: (813) 879-7990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)