

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90120 021 \*\*\*150.00

DOCUMENT # **477087**

1. Entity Name  
**JUAN D. SANABRIA, M.D., P.A.**



Principal Place of Business  
~~5821 PONCIANA AVE.  
LAKELAND FL 33805  
US~~

Mailing Address  
**P. O. BOX 91569  
LAKELAND FL 33804  
US**

**CORRECT**



2. Principal Place of Business  
**1512 MARINER RD**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**HOUSE**

CHECK HERE IF MAKING CHANGES

City & State  
**LAKELAND FL**

City & State

4. FEI Number **59-1595734**

Applied For  
Not Applicable

Zip  
**33803**

Country  
**POLK**

Zip

Country  
**POLK**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SANABRIA, JUAN D.  
5821 PONCIANA AVE.  
LAKELAND FL 33809~~

~~1512 MARINER RD  
LAKELAND, FL 33803~~

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 *Juan Sanabria* **JUAN D. SANABRIA, M.D., P.A.**

**3-26-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DP <input type="checkbox"/> Delete	<b>SANABRIA, JUAN D.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<b>PO BOX 91569 NA</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND FL 69</b>	CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
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CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	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: *Juan Sanabria* **JUAN D. SANABRIA, M.D., P.A.** - 3-26-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)