

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90095 050 ***150.00

DOCUMENT # 479412

1. Entity Name
BARROSO AND ADLER, D.O., P.A.

Principal Place of Business
7212 CURRY FORD ROAD
ORLANDO FL 32822

Mailing Address
7212 CURRY FORD ROAD
ORLANDO FL 32822

708555



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
900 S. Goldenrod Road
 Suite, Apt. #, etc.
Suite B
 City & State
ORLANDO, FL.

3. Mailing Address
900 S. Goldenrod Road
 Suite, Apt. #, etc.
Suite B
 City & State
ORLANDO, FL.

Zip **32822** Country **USA**

Zip **32822** Country **USA**

4. FEI Number **59-1605648** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BARROSO, LUIS F M.D.
7212 CURRY FORD ROAD
ORLANDO FL 32822

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
900 S. Goldenrod Road
Suite B
 City **ORLANDO** FL Zip Code **32822**

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 *J. Freuden* DATE **1-26-01**
 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, 2001 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	PDT	<input type="checkbox"/> Delete
NAME	BARROSO, LUIS F	
STREET ADDRESS	7212 CURRY FORD ROAD	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	D	<input type="checkbox"/> Delete
NAME	ATTERMAN, STEVEN	
STREET ADDRESS	7212 CURRY FORD RD.	
CITY-ST-ZIP	ORLANDO FL 32822	
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
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		
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		
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: *J. Freuden* DATE: **1-26-01** DAYTIME PHONE #: **407-281-6424**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)