## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

501234 **DOCUMENT #** 

1. Entity Name

EDUARDO ERCIA, M.D., P.A.



## **FILED** Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90107 036 \*\*\*150.00

Suite, Apt. #, otc   Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGES  City & State   City & State   City & State   4. HEI Number 59-1658227   Acptived Nov. Applied For Nov.					.	Can the said				
City & State  Country  4. FEI Number 59-1658227  Applied F Norman 59-1658227  8. Confricate of Status Desired  8. Confricate of Status Desired  9. Re75 Additional Fee Required  9. Re75 Additional Fee Required  9. Re76 Additional Fee Required  9. Re76 Additional Fee Required  1. Name  City FL Zip Code  City FL Zip Code  8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Fonda. I am familiar with, and act the collegations of registered agent, or both, in the State of Fonda. I am familiar with, and act the collegations of registered agent, or both, in the State of Fonda. I am familiar with, and act the collegations of registered agent.  SIGNATURE  FILE NOW!! FEE IS \$150.00  Alter May 1, 2003 Fee will be \$550.00  Make Check Psyable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE STREET ADDRESS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Added to Fee Added	6301 MEMORIAL HWY 204 TAMPA FL 33615 US			6301 MEMORIAL HWY 204 TAMPA FL 33615 US						
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Zip   Country	City & State			City & State		4. FEI Number 59-1658227 Applied For				
ERCIA, EDUARDO M D 3912 VENETIAN DR TAMPA FL  8. The élective 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 farm film with, and ac the obligations of registered agent and the displaceble.  (INTEL NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE  PD ERCIA, EDUARDO M D 3912 VENETIAN DR TAMPA, FL 000000  TILE  MANE STREET ADDRESS  CITY-ST-2P  TITLE  MANE STR	Zip -		Country ~~	Zip	Country				8.75 Ad	
RECIA, EDUARDO M D 3912 VENETIAN DR TAMPA FL  City  City  FL  City		6. Name	and Address of Current	t Registered Agent		<del></del>	7. Name and Address of New I			
B. The likeove 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 act the obligations of registered agent.    FILE NOW!!! FEE IS \$150.00	3912 VEN	NETIAN DR	D							
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and ac the obligations of registered agent.    File Now!!! FEE IS \$150.00					City		**************************************		Zio Cod	е
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.	the obliga	tions of registi	ered agent.		registered offic	ce or registere	ed agent, or both, in the State of Fi		1 '	
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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:

MASTERIES MICHERA