

DOCUMENT # 503027

1. Entity Name

LADIA & LADIA, M.D.'S, P.A.

Jan 19, 2000 8:00 a
Secretary of State

01-19-2000 90141 002 ***150.00

Principal Place of Business

Mailing Address

208 N.E. 19TH DR.
SUITE 5
OKEECHOBEE FL 34972-1911208 N.E. 19TH DR.
SUITE 5
OKEECHOBEE FL 34972-1932

C0006049

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1661515

Not

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LADIA, FELIPE P., M.D., P.A.
208 N.E. 19 DRIVE
SUITE #5
OKEECHOBEE FL 33472

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5
Added

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LADIA, FELIPE P.
208 N.E. 19 DR. STE #5
OKEECHOBEE FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ ChangeTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
LADIA, LILIA D.
208 N.E. 19 DR. STE #5
OKEECHOBEE FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ ChangeTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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☐ ChangeTITLE
NAME
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CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change

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 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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01-11-00 (863) 76