

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90127 050 ***150.00

DOCUMENT # 544412

1. Entity Name

MILLER & QUINONES, M.D., P.A.

Principal Place of Business

**1649 ATLANTIC BLVD
 SUITE 3
 JACKSONVILLE FL 32207
 US**

Mailing Address

**1649 ATLANTIC BLVD
 SUITE 3
 JACKSONVILLE FL 32207
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1763943

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SANCHEZ, MILLER Q MD
 1649 ATLANTIC BLVD.
 SUITE 3
 JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name **Luis E. Quinones, M.D.**

Street Address (P.O. Box Number is Not Acceptable)

1649 ATLANTIC BLVD, STE 3

City

Jacksonville,

FL

Zip Code

32207

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

Luis E. Quinones, M.D. 4-10-02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
 NAME **SANCHEZ, EDUARDO A M**
 STREET ADDRESS **1649 ATLANTIC BLVD. STE 3**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** ☐ Delete
 NAME **MILLER, JUAN MD**
 STREET ADDRESS **1649 ATLANTIC BLVD STE 3**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **QUINONES, LUIS E. MD**
 STREET ADDRESS **1649 ATLANTIC BLVD STE 3**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Quinones, Luis E. MD**
 STREET ADDRESS **1649 Atlantic Blvd, STE 3**
 CITY-ST-ZIP **Jacksonville, FL 32207**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luis E. Quinones, M.D.

4-10-02 - 904-398-9861

Date

Daytime Phone #

CR2E034 (9/01)