

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90077 042 ***150.00

DOCUMENT # 577723

1. Entity Name
P. RENE NAVARRO, M.D., P.A.

Principal Place of Business

1137 DRUID CIRCLE
 LAKE WALES FL 33853

Mailing Address

1137 DRUID CIRCLE
 LAKE WALES FL 33853

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2630221**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MORRISON, JOSEPH A.
5410 SOUTH FLORIDA AVENUE
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name **P. RENE NAVARRO, M.D.**

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

1137 DRUID CIRCLE

City **LAKE WALES**

FL

Zip Code **33853**

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, 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 **PD** ☐ Delete
 NAME **NAVARRO, P. RENE M.D.**
 STREET ADDRESS **1137 DRUID CIRCLE**
 CITY-ST-ZIP **LAKE WALES FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)