

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

0426661 AV

DOCUMENT # 592105

1. Entity Name
TEQUESTA FAMILY PRACTICE, P.A.



Principal Place of Business
395-B TEQUESTA DRIVE
P.O. BOX 3367 delete
TEQUESTA FL 33469-7367

Mailing Address
395-B TEQUESTA DRIVE
TEQUESTA FL 33469
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
Delete P.O. Box & use
City & State **street address**

Suite, Apt. #, etc.

City & State

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1860512**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OENBRINK, RAYMOND
395-B TEQUESTA DRIVE
TEQUESTA FL 33469

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
OENBRINK, RAYMOND D.O.
391 B. TEQUESTA DRIVE
TEQUESTA FL

☐ Delete

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

TITLE
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☐ Change ☐ Addition

12. 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: ☒

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Raymond J. Oenbrink D.O.

4-24-03 (561) 746-4333

Date

Daytime Phone #

CR2E034 (10/02)