

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

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90039 043 ***150.00

DOCUMENT # 617487 ✓

1. Entity Name

JUANITO C. TABOADA, MD PA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

730 SE 5TH TERRACE

3. Mailing Address

730 SE 5TH TERRACE

Suite, Apt. #, etc.

CRYSTAL RIVER

Suite, Apt. #, etc.

CRYSTAL RIVER

City & State

FLORIDA

City & State

FLORIDA

Zip

34429

Country

CITRUS

Zip

34429

Country

CITRUS

4. FEI Number

59-1906417

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JUANITO C. TABOADA

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

730 SE 5TH TERRACE

City

CRYSTAL RIVER

FL

Zip Code

34429

**DO NOT WRITE
IN THIS SPACE**

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

4/29/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	NAME	STREET ADDRESS	CITY-ST-ZIP
PRESIDENT	JUANITO C. TABOADA, MD	730 SE 5TH TERRACE CRYSTAL RIVER, FL 34429	
SECRETARY	VIOLA Y. TABOADA, MD	730 SE 5TH TERRACE CRYSTAL RIVER, FL 34429	

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

(352)-795-2246

Daytime Phone #