## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 27, 2002 8:00 am Secretary of State DOCUMENT # 644130 1. Entity Name 01-27-2002 90048 036 \*\*\*150 00 BENITEZ, OSWALDO D., M.D., P.A. Principal Place of Business Mailing Address 408 SOUTH 25TH STREET 408 SOUTH 25TH STREET FT. PIERCE FL 34947 FT. PIERCE FL 34947 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1952711 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent... 6. Name and Address of Current Registered Agent BENITEZ. OSWALDO D MD Street Address (P.O. Box Number is Not Acceptable) 408 S. 25TH ST. 34947 FL 34947 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change □ Addition TITLE TITLE ☐ Delete BENITEZ, OSWALDO D MD NAME 408 S. 25TH ST. STREET ADDRESS STREET ADDRESS FT. PIERCE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME BENITEZ, GLADYS NAME STREET ADDRESS STREET ADDRESS 408 S. 25TH ST. CITY-ST-ZIP" CITY - ST - ZIP FT. PIERCE FL ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE

13. I hereby certify that the information supplied with this filling 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 (President)

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS

D. Benitez, M.D · 1-10.02 (561)465-6800 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR