FILED

Jan 16, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

678944 **DOCUMENT#**

1. Entity Name

JOSE L. I	MARICHA	L M.D., P.A.				VI-10-2003 30	137 037 130.00	
Principal Place of Business 4535 MOUNT LAKELAND FL 33813			Mailing Address 4535 MOUNT LAKELAND FL 33813					
2. Principal Place of Business			3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State			City & State			4. FEI Number 59-2016159	Applied For Not Applicable	
Zip	Zip Country		Zip	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			
					Name	م مدار این میداد در این است. م		
MARICHAL, JOSE L 4535 MOUNT VIEW DR.					Street Address (P.O. Box Number is Not Acceptable)			
LAKELAND FL 33813								
					City FL Zip Code			
8. The above the obligat	named entity tions of registe	submits this statemen red agent.	t for the purpose of cha	inging its registere	ed office or regist	ered agent, or both, in the State of Florid	a. I am familiar with, and accept	
SIGNATURE .	Signature, typed o	r printed name of registered ag	ent and title if applicable.	(NOTE: Registere	d Agent signature requir	ed when reinstating)	DATE	
After	r May 1, 2003	FEE IS \$150.00 B Fee will be \$550.0 Florida Department				Election Campaign Finan Trust Fund Contribution.	cing \$5.00 May Be Added to Fees	
10.	_	OFFICERS AN	ND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		JOSE L MD NT VIEW DR. FL 33813	□ De	NAM STRE	I		☐ Change ☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP			□ De	NAMI STRE			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ De	- NAMI STRE	l l	<u>, .</u> .	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ De	NAME STRE	I		☐ Change ☐ Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

☐ Change

☐ Change

☐ Addition

☐ Addition