

~~LUKASZ~~ **L. REPIEDAD MD, PA**  
Principal Place of Business Mailing Address  
1216 S.E. 24TH ROAD 1216 S.E. 24TH ROAD  
OCALA, FL 32671 Ocala, FL 32671

689338

**DO NOT WRITE IN THIS SPACE**



01/22/04 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2031464  
Applied For Not Applicable

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

**6. Name and Address of Current Registered Agent**

REPIEDAD, TERESITA L MD  
1216 S.E. 24TH ROAD  
OCALA, FL 32671

**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. 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PST  
NAME REPIEDAD, TERESITA L  
STREET ADDRESS 1216 S.E. 24TH ROAD  
CITY-ST-ZIP Ocala, FL

TITLE VD  
NAME REPIEDAD, AGUINALDO V  
STREET ADDRESS 1216 S.E. 24TH ROAD  
CITY-ST-ZIP Ocala, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

500029806345  
03/03/04--01035--003 \*\*150.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 24, 2004 352-351-0647  
Date Daytime Phone #