# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jun 26, 2001 8:00 am**
**Secretary of State**
06-26-2001 90005 018 ****61.25

0077334

DOCUMENT # 734603

1. Entity Name

MEDICAL GARDENS OF VENICE OWNERS ASSOCIATION, IN

| Principal Place of Business | Mailing Address |
|---|---|
| 219 PALERMO PLACE<br>VENICE FL 34285<br>US | 219 PALERMO PLACE<br>VENICE FL 34285<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 205 Palermo Place | 205 Palermo Place |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Venice, FL 34285 | City & State: Venice, FL 34285 |
| Zip: 34285 Country: Sarasota | Zip: 34285 Country: Sarasota |

4. FEI Number 59-2762959 ~~59-2762959~~ ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| MOSS, ROBERT E MD<br>219 PALERMO PLACE<br>VENICE FL 34285<br><br>EUGENIO ERQUIAGA, M.D.<br>205 Palermo Place<br>Venice, FL 34285 | Name: Eugenio Erquiaga, M.D.<br>Street Address (P.O. Box Number is Not Acceptable): 205 Palermo Place<br>City: Venice **FL** Zip Code: 34285 |

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 Eugenio Erquiaga 05/01/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| **FILE NOW: FEE IS $61.25** | 9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees | **Make Check Payable to Department of State** |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>VARDI, DAN<br>219 PALERMO PLACE<br>VENICE FL 34285 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MOSS, ROBERT E<br>219 PALERMO PLACE<br>VENICE FL 34285 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>PATETE, MICHAEL L.<br>213 Palermo Place<br>Venice, FL 34285 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>ERQUIAGA, EUGENIO<br>205 PALERMO PLACE ST<br>VENICE FL 34285 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ERQUIAGA, EUGENIO<br>205 Palermo Place<br>Venice, FL 34285 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
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CR2E037 (10/00)

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 617, 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:** Eugenio Erquiaga 05/01/01

SIGNATURE REQUIRED DATE