

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90141 045 ***150.00

DOCUMENT # F01758

1. Entity Name

LAKELAND OB-GYN, P.A.

Principal Place of Business

1733 LAKELAND HILLS BLVD.
LAKELAND FL 33805
US

Mailing Address

1733 LAKELAND HILLS BLVD.
LAKELAND FL 33805
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2026448**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

DUBOY, ALBERTO M
1733 LAKELAND HILLS BLVD.
LAKELAND FL 33805

7. Name and Address of New Registered Agent

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DUBOY, ALBERTO M	
STREET ADDRESS	1733 LAKELAND HILLS BL	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ALVAREZ, PLETER M	
STREET ADDRESS	1733 LAKELAND HILLS BL	
CITY-ST-ZIP	LAKELAND FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PURETZ, JEFFREY L MD	
STREET ADDRESS	1733 LAKELAND HILLS BLVD.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	DAMIAN, GARCIA M MD	
STREET ADDRESS	1733 LAKELAND HILLS BLVD	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARAVELLO, JOHN	
STREET ADDRESS	1733 LAKELAND HILLS BLVD.	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 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

1/29/01

Date

863-668-1528

Daytime Phone #

CR2E034 (10/00)