## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Feb 06, 2001 8:00 am Secretary of State **DOCUMENT # F04190** TAPIA & VILCHES, M.D., P.A. 02-06-2001 90034 047 \*\*\*150.00 Principal Place of Business Mailing Address 1745 LAKELAND HILLS BLVD 1745 LAKELAND HILLS BLVD LAKELAND FL 33805 LAKELAND FL 33805 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2034551 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAPIA, HUGO R., M.D. Street Address (P.O. Box Number is Not Acceptable) 1745 LAKELAND HILLS BLVD LAKELAND FL 33805 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible . 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change ☐ Addition NAME TAPIA, HUGO R., MD STREET ADDRESS 1745 LAKELAND HILLS BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL ☐ Delete TITLE ☐ Change Addition NAME NAME VILCHES, RICARDO STREET ADDRESS STREET ADDRESS 1745 LAKELAND HILLS BLVD CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL TITLE -- - Change ☐ Delete — TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐. Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

SIGNATURE: