

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F29609

1. Entity Name  
LEONIDAS AHUMADA, M.D., P.A.Principal Place of Business  
6547 S.W. 24 STREET  
MIAMI FL 33155  
USMailing Address  
13245 S.W. 86 TERR.  
MIAMI FL 33183

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City &amp; State City &amp; State

Zip Country Zip Country

4. FEI Number 59-2092575 Applied For  
Not Applicable5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

AHUMADA, LEONIDAS M.D.  
6547 SW 24TH STREET  
MIAMI FL 33155

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, 2002 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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS AHUMADA, LEONIDAS 13245 SW 86TH TERRACE MIAMI FL 33183	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another one empowered.

LEONIDAS AHUMADA, M.D.

SIGNATURE:

SIGNATURE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AV  
99816820

CR2E034 (9/01)