

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 30, 2001 8:00 am**
Secretary of State

01-30-2001 90187 017 ***150.00

DOCUMENT # F33423

1. Entity Name

CARLOS GANUZA, M.D., P.A.

Principal Place of Business

**5940 MAIN ST
NEW PORT RICHEY FL 34652
US**

Mailing Address

**5940 MAIN ST
NEW PORT RICHEY FL 34652
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2109791**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****POTTER, MATTHEW A
5946 MAIN ST
NEW PORT RICHEY FL 34652****7. Name and Address of New Registered Agent**

Name

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

5940 MAIN ST.**New Port Richey FL**

City

FL

Zip Code

34652

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

Matthew A. Potter

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/019. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PB			
	GANUZA, CARLOS	5940 MAIN ST	PORT RICHEY FL 34652	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" 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 all other like empowered.

SIGNATURE:

Carlos Ganuza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/2001 (256) 4421304

CR2E034 (10/00)