

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90019 041 ***150.00

DOCUMENT # F33423
 1. Entity Name
CARLOS GANUZA, M.D., P.A.

Principal Place of Business Mailing Address
5940 MAIN ST **5940 MAIN ST**
NEW PORT RICHEY FL 34652 **NEW PORT RICHEY FL 34652**
US **US**



2. Principal Place of Business 3. Mailing Address
4051 UPPER CREEK DR. **4051 UPPER CREEK DR.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 101 **SUITE 101**
 City & State City & State
SUN CITY CENTER, FL **SUN CITY CENTER, FL**
 Zip Zip Country Country
33573 **33573** **USA** **USA**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
POTTER, MATTHEW A
5940 MAIN ST.
NEW PORT RICHEY FL 34652

4. FEI Number Applied For
59-2109791 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name **CARLOS GANUZA**
 Street Address (P.O. Box Number is Not Acceptable)
4051 UPPER CREEK DR.
SUITE 101
 City **SUN CITY CENTER** State **FL** Zip Code **33573**

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]* **CARLOS GANUZA** DATE: **4/25/02**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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 State
 10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4051 UpperCreek Dr # 101	
STREET ADDRESS	SunCityCenter, FL 33573	
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
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]* **CARLOS GANUZA** DATE: **4/25/02** DAYTIME PHONE #: **813-642-9117**
Signature and typed or printed name of signing officer or director

CR2E034 (9/01)