

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90219 016 \*\*\*150.00

**DOCUMENT # F33423**

1. Entity Name  
**CARLOS GANUZA, M.D., P.A.**



Principal Place of Business  
**4051 UPPER CREEK DR  
SUITE 101  
SUN CITY CENTER FL 33573  
US**

Mailing Address  
**4051 UPPER CREEK DR  
SUITE 101  
SUN CITY CENTER FL 33573  
US**

2. Principal Place of Business  
**6408 RUBIA CIRCLE**  
Suite, Apt. #, etc.

3. Mailing Address  
**6408 RUBIA CIRCLE**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**APOLLO BEACH, FL**

City & State  
**APOLLO BEACH, FL**

4. FEI Number **59-2109791**

Applied For  
☐ Not Applicable

Zip  
**33572**

Country  
**USA**

Zip  
**33572**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GANUZA, CARLOS  
4051 UPPER CREEK DR  
SUITE 101  
SUN CITY CENTER FL 33573**

Name **CARLOS GANUZA**  
Street Address (P.O. Box Number is Not Acceptable)  
**6408 RUBIA CIRCLE**  
City **APOLLO BEACH** FL Zip Code **33572**

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

Date **4/21/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PB** ☐ Delete  
NAME **GANUZA, CARLOS**  
STREET ADDRESS **40514 UPPER CREEK DR 101**  
CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 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

Date **4/21/03**

Daytime Phone #

CR2E034 (10/02)