

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90042 041 \*\*\*150.00

DOCUMENT # **F36086**

1. Entity Name  
**JORGE A. MELENDEZ, M.D., P.A.**

Principal Place of Business Mailing Address  
**P.O. BOX 273140 P.O. BOX 273140**  
**TAMPA FL 33688-3140 TAMPA FL 33688-3140**



2. Principal Place of Business 3. Mailing Address  
**4510 Old Orchard Drive 4510 Old Orchard Dr.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For  
**TAMPA, Florida TAMPA - Florida 59-2094856 Not Applicable**  
 Zip Country Zip Country 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
**33624 USA 33624 USA**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**MELENDEZ, JORGE A** Name  
**4710 N HABANA AVE #404** **Melendez, Jorge A.**  
**TAMPA FL 33614** Street Address (P.O. Box Number is Not Acceptable)  
**4510 Old Orchard Drive**  
 City **TAMPA** FL Zip Code **33624**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT</b> <b>MELENDEZ, JORGE A</b> <b>4710 N HABANA AVE</b> <b>TAMPA, FL 00000</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT</b> <b>Melendez, Jorge A.</b> <b>4510 Old Orchard Drive</b> <b>TAMPA - Florida 33624</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MELENDEZ, JORGE A</b> <b>4710 N HABANA AVE</b> <b>TAMPA, FL 00000</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Melendez, Jorge A.</b> <b>4510 Old Orchard Drive</b> <b>TAMPA, Florida 33624</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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. 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: **X Jorge A. Melendez, M.D., P.A.** **813-969-2006**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3/15/02 Daytime Phone #

CR2E034 (9/01)