

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90111 019 ***150.00

DOCUMENT # F49717

1. Entity Name
HUMBERTO J. ANICAMA, M.D., P.A.

Principal Place of Business

6220 NO. FEDERAL HWY.
 FT LAUDERDALE FL 33308

Mailing Address

6220 NO. FEDERAL HWY.
 FT LAUDERDALE FL 33308

2. Principal Place of Business

4801 N FEDERAL HIGHWAY
 Suite, Apt. #, etc.
EAST BLDG. STE 101

3. Mailing Address

4801 N FEDERAL HIGHWAY
 Suite, Apt. #, etc.
EAST BLDG STE 101

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

33308

Country

BROWARD

Zip

33308

Country

BROWARD

4. FEI Number

59-2135718

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ANICAMA, HUMBERTO J
6220 N FEDERAL HWY 4801 N FEDERAL HWY, EAST BLDG. #101
FT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

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 _____ DATE _____
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 **P** Delete
 NAME **ANICAMA, HUMBERTO J**
 STREET ADDRESS **6220 N FEDERAL HWY 4801 N FEDERAL HWY # 101 E**
 CITY-ST-ZIP **FT LAUDERDALE FL 33308**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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: Humberto J. Anicama, MD PA Date: 2-22-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)

Attachment & Doc#

F49917



GOLDSTEIN LEWIN & CO

Certified Public Accountants and Consultants

419482

Date: FEBRUARY 14, 2002

To HUMBERTO J. ANICAMA MD, P.A.

For the Year: 2002

FILING INSTRUCTIONS

**FLORIDA 2002 UNIFORM BUSINESS REPORT FOR
CORPORATIONS & OTHER ENTITIES**

The enclosed return has been prepared from data and other information submitted by you. Please review this report for any omissions or misstatements.

SIGNATURE Read and verify correctness of declarations before signing.

**PAYMENT
REQUIRED:** \$150.00 - Filing fee to be paid with the return.

Make check payable to the **DEPARTMENT OF STATE**. Be sure to enter the corporation's federal employer identification number (see Block 4) on the check.

MAIL TO **UNIFORM BUSINESS REPORT
DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FLORIDA 32302-1500**

MAIL: Before May 1, 2002

If filed after May 1, 2002, a \$400 penalty will be imposed.

Retain the copy for your files.

It should have the name of the officer signing and date of filing completed so that your records will be complete.

1900 N.W. Corporate Blvd.
East Building, Suite 300
Boca Raton, Florida 33431
(561) 994-5050
www.goldsteinlewin.com

Broward (954) 429-8555
Dade (305) 944-3582
Palm Beach (561) 734-0309
FAX (561) 241-0071

Fort Lauderdale Office
Advocate Building
315SE 7TH Street, 2ND Floor
Fort Lauderdale, Florida 33301
(Reply to Boca Address)