2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

F49717 DOCUMENT

1. Entity Name

HUMBERTO J. ANICAMA, M.D., P.A.



Principal Place of Business Mailing Address 110111114 4801 N FEDERAL HWY 4801 N FEDERAL HWY EAST BLDG STE 101 EAST BLDG STE 101 FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2135718 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee:Required ---6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANICAMA, HUMBERTO J Street Address (P.O. Box Number is Not Acceptable) 4801 N FEDERAL HWY EAST BLDG 101 FT LAUDERDALE FL 33308 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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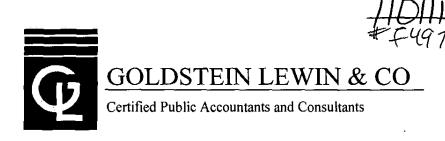
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indicated on this report or supplies with unsuling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and 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:

Daytime Phone #

attachment



	Date:APRIL 16, 2003
Γο <u>HUMBERTO J. ANICAMA M.D., P.A.</u>	For the Year: 2003

---FILING INSTRUCTIONS

FLORIDA 2003 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, 2003

If filed after May 1, 2003, 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.