

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-24-2003 90119 049 ***150.00

MODEL 100 1/01

DOCUMENT # F49717

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



Principal Place of Business
**4801 N FEDERAL HWY
EAST BLDG STE 101
FT LAUDERDALE FL 33308**

Mailing Address
**4801 N FEDERAL HWY
EAST BLDG STE 101
FT LAUDERDALE FL 33308**

11011106



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2135718**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**ANICAMA, HUMBERTO J
4801 N FEDERAL HWY EAST BLDG 101
FT LAUDERDALE FL 33308**

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

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

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	P	<input type="checkbox"/> Delete
NAME	ANICAMA, HUMBERTO J	
STREET ADDRESS	4801 N FEDERAL HWY 101E	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
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		

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		

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: Humberto J. Anicama, M.D. PA **4-21-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

attachment

11011152
#F49717



GOLDSTEIN LEWIN & CO

Certified Public Accountants and Consultants

Date: APRIL 16, 2003

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

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.

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)