

8/6/01

FILED
Aug 22, 2001 8:00 am
Secretary of State

08-06-2001 90074 046 ***550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H11889

1. Entity Name

FRANCISCO A. SMITH, M.D., P.A.

Principal Place of Business

1660 MEDICAL BLVD.
 SUITE 302
 NAPLES FL 34110-1413

Mailing Address

1660 MEDICAL BLVD.
 SUITE 302
 NAPLES FL 34110-1413

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2424296

Applied For

Not Applicable

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

SMITH, FRANCISCO A.
 1660 MEDICAL BLVD.
 NAPLES FL 34110-1413

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

PST
 SMITH, FRANCISCO A.
 1660 MEDICAL BLVD. #302
 NAPLES FL 34110-1413

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change☐ Addition

TITLE
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 SMITH, FRANCISCO A.
 1660 MEDICAL BLVD. #302
 NAPLES FL 34110-1413

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☐ Change☐ Addition

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/16/01 (941) 546-1991

CR2E034 (5/01)