FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Mar 07, 2002 8:00 am DOCUMENT # H52892 **Secretary of State** 1. Entity Name 03-07-2002 90054 039 ***150.00 JOSEPH A. LAGUNA, M.D., P.A. Principal Place of Business Mailing Address % JOSEPH A. LAGUNA % JOSEPH A. LAGUNA 2725 PARK DRIVE SUITE 5 2725 PARK DRIVE SUITE 5 **CLEARWATER FL 34623 CLEARWATER FL 34623** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2528264 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAGUNA, JOSEPH A. Street Address (P.O. Box Number is Not Acceptable) 2725 PARK DRIVE SUITE 5 **CLEARWATER FL 34623** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME LAGUNA, JOSEPH A. 1630 POND VIEW COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL ☐ Delete TITLE ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Change ___ Addition ≖⊡:Delete≃ TITLE: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attachment

SIGNATURE AND TYPED

with an address, with all other like empowered