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

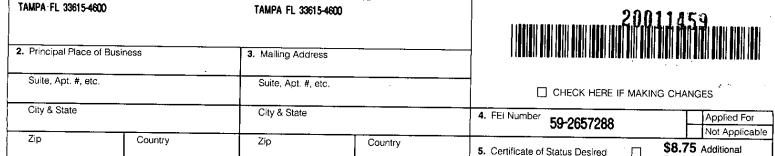
H84785 DOCUMENT



Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90078 040 ***150 00

FILED

1. Entity Name TOWN 'N COUNTRY PHYSICIANS ASSOCIATES - RIVERA, P.A. Principal Place of Business Mailing Address 7926 W HILLSBOROUGH AVE 7926 W HILLSBOROUGH AVE



Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RIVERA, HECTOR L Street Address (P.O. Box Number is Not Acceptable) 814 TARAY DE AVILA **TAMPA FL 33613**

City

The above nemerically substituted in the state of the sta		
. The above names entity submits this statement for the purpe	ese of changing its registered office or registered agent, or both, in the St	ate of Florida. Lagrafamiliar with, and accept
the obligations of registered agent.		19
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SIGNATURE		V/////5
Signature, typed or printed name of registered agent and title if applied	cable. (NOTE: Registered Agent signature required when reinstating)	DATE

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

Zip Code

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition NAME RIVERA, HECTOR L. NAME STREET ADDRESS 814 TARAY DE AVILA STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET-ADDRESS. CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change . ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone i