

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90278 033 ***150.00

DOCUMENT # J05715

1. Entity Name

JOSE A. PAGAN, M.D., P.A.



Principal Place of Business

**% JOSE A. PAGAN
2595 SR 584, SUITE G
PALM HARBOR FL 34684-3131**

Mailing Address

**% JOSE A. PAGAN
2595 SR 584, SUITE G
PALM HARBOR FL 34684-3131**

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 **59-2649333**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PAGAN, JOSE A
2595 S.R. 584
SUITE G
PALM HARBOR FL 34684**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

**After September 10, 2003 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
PAGAN, JOSE A MD
2595 SR 584 SUITE G
PALM HARBOR FL 34684** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/7/03

727-785-0517

CR2E034 (4/03)

Attachment 90149795
BROTHWELL & COMPANY

CERTIFIED PUBLIC ACCOUNTANTS

5318 LINDNER PLACE
NEW PORT RICHEY, FL 34652

PASCO: (727) 846-1505
PINELLAS: (727) 787-6488

July 31, 2003

Florida Department of State
Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, Florida 32302-1500

RE: Jose A. Pagan, M.D., P.A.
Document #J05715
ID# 59-2649333

To Whom It May Concern:

The above referenced taxpayer received the enclosed notice from your office indicating that their 2003 Uniform Business Report had not been paid by May 1, 2003. Please note that the taxpayer never received the first request for payment sent by your office. By way of this letter, please accept \$150.00 (original fee) payment and show the taxpayer as paid in full.

Thank you for your attention to this matter. If you have any further questions, please do not hesitate to contact me.

Sincerely,

Richard M. Brothwell

Richard M. Brothwell
Certified Public Accountant