

05-07-2002 90245 038 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 011594 ✓
 1. Entity Name
Luis A. Muroz, M.D PA
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
262 Le Roy George Dr.
 Suite, Apt. #, etc.

3. Mailing Address
208 PARRISH FARM RD
 Suite, Apt. #, etc.

City & State: Clyde, NC
 Zip: 28721 Country: USA

City & State: Waynesville, NC
 Zip: 28786 Country: USA

4. FEI Number
59-2663216

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name: Victor Kouto
 Street Address (P.O. Box Number is Not Acceptable):
1525 River View Dr
 City: Melbourne FL Zip Code: 32901

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 _____

9. This corporation is eligible to satisfy its tripartite tax filing requirement and elects to do so
 (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE	<u>Luis A. Muroz, MD - P</u>	TITLE	
NAME		NAME	
STREET ADDRESS	<u>262 Le Roy George Dr.</u>	STREET ADDRESS	
CITY-STATE-ZIP	<u>Clyde, NC 28721</u>	CITY-STATE-ZIP	
TITLE	<u>Millie Muroz - S</u>	TITLE	
NAME		NAME	
STREET ADDRESS	<u>208 PARRISH FARM RD</u>	STREET ADDRESS	
CITY-STATE-ZIP	<u>Waynesville, NC 28786</u>	CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-STATE-ZIP		CITY-STATE-ZIP	

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Luis A. Muroz, M.D. - P. 4/27/02 (828) 452-8116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E0348 (12/01)