

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

FILED

04 JUN -4 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **311594**
1. Entity Name
Luis A. Munoz MD PA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 262 LeRoy George Dr.		3. Mailing Address 208 PARRIS Farm Rd	
Suite, Apt. #, etc. Dept. of Pathology		Suite, Apt. #, etc.	
City & State Clyde NC		City & State Waynesville, NC	
Zip 28721	Country USA	Zip 28786	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2663316		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **Victor Kosko - Attorneys at Law**
Street Address (P.O. Box Number is Not Acceptable)
1825 S. RIVERVIEW DRIVE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This Corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Luis A. Munoz, MD President IVD 262 LeRoy George Dr. Clyde, NC 28721	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400037799864 06/09/04--01043--005 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary MILLIE MUNOZ 208 PARRIS Farm Rd Waynesville, NC 28786	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JR 6/8
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Luis A. Munoz, M.D.** **4/29/04** **(828) 452-8116**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)