

**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<br><b>262 LeRoy George Dr.</b><br>Suite, Apt. #, etc.<br><b>Dept. of Pathology</b> |                       | 3. Mailing Address<br><b>208 PARRIS Farm Rd</b><br>Suite, Apt. #, etc. |                       |
| City & State<br><b>Clyde NC</b>   |                       | City & State<br><b>Waynesville, NC</b>                                 |                       |
| Zip<br><b>28721</b>   | Country<br><b>USA</b> | Zip<br><b>28786</b>  | Country<br><b>USA</b> |

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Victor Kosko - Attorney 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

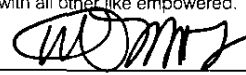
9. This Corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Luis A. Munoz, MD<br/>President IVD<br/>262 LeRoy George Dr.<br/>Clyde, NC 28721</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>400037799864<br/>06/09/04--01043--005 **150.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Secretary<br/>MILKE MUNOZ<br/>208 PARRIS Farm Rd<br/>Waynesville, NC 28786</b>       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>JR 6/8</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE IN THIS SPACE</b>                     |
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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, MD** Date **4/29/04** (828) 452-8116  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/01)