

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90929 048 ***150.00

DOCUMENT # J21530

1. Entity Name

JULIO M. CALDERON M.D., P.A.

Principal Place of Business

% JULIO M. CALDERON, MD
 232 MILAN AVE W
 VENICE FL 34285

Mailing Address

% JULIO M. CALDERON, MD
 232 MILAN AVE W
 VENICE FL 34285

758152



DO NOT WRITE IN THIS SPACE

JULIO M. CALDERON MD

2. Principal Place of Business

717 N. ARMADA RD

3. Mailing Address

717 N. ARMADA RD

Suite, Apt. #, etc.

VENICE, FL

Suite, Apt. #, etc.

VENICE FL

City & State

34285 USA

City & State

34285

Zip

Country

Zip

Country

USA

4. FEI Number

36-2955002

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CALDERON, JULIO M., MD
232 MILAN AVE W
VENICE FL 34285

7. Name and Address of New Registered Agent

Name

JULIO M. CALDERON MD

Street Address (P.O. Box Number is Not Acceptable)

717 N. ARMADA RD

City

VENICE

FL

Zip Code

34285

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

JULIO M. CALDERON MD

4/26/01

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 **DP** ☐ Delete
 NAME **CALDERON, JULIO M., MD**
 STREET ADDRESS **232 MILAN AVE W**
 CITY-ST-ZIP **VENICE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **717 N. ARMADA RD**
 CITY-ST-ZIP **VENICE FL 34285**

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

TITLE ☐ Change ☐ Addition
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 NAME
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 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULIO M. CALDERON MD

Date

Daytime Phone #

(941) 488-9559

CR2E034 (10/00)