

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90705 024 ***158.75

DOCUMENT # J29637

1. Entity Name

R.A. NYAKO, M.D., P.A.



Principal Place of Business

2916 W WATERS AVE
SUITE A2
TAMPA FL 33614-9877
US

Mailing Address

2916 W WATERS AVE
SUITE A2
TAMPA FL 33614-9877
US

2. Principal Place of Business

3707 W. HAMILTON
AVE. #102

3. Mailing Address

5426 RIVER SHORE DR.
TAMPA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA, FL.

TAMPA, FL.

Zip

Country

Zip

Country

33614

33603

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-2704218

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NYAKO, R A MD
2916 W WATERS AVE
SUITE A2
TAMPA FL 33614-9877

7. Name and Address of New Registered Agent

Name NYAKO, R.A., MD
Street Address (P.O. Box Number is Not Acceptable)
3707 W. Hamilton Ave, #102
City TAMPA FL Zip Code 33614

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 \$150.00

After May 1, 2003 Fee will be \$550.00

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 CEO
NAME NYAKO, R A MD
STREET ADDRESS 2916 W WATERS AVE., SUITE A2
CITY-ST-ZIP TAMPA FL 33614-9877

TITLE CEO
NAME NYAKO, R.A., MD
STREET ADDRESS 3707 W. Hamilton Ave #102
CITY-ST-ZIP TAMPA, FL. 33614

TITLE
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CITY-ST-ZIP

CR2E034 (10/02)

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 #

01/08/03