

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91185 046 ***158.75

DOCUMENT # J96735
 1. Entity Name
LUIS E. MORALES, M.D., P.A.

Principal Place of Business
% LUIS E. MORALES
2952 66TH ST. NORTH
ST. PETERSBURG FL 33710

Luis E. Morales, M.D.
2526 Madrid Way S.
St. Petersburg, FL 33712



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Luis E. Morales, M.D.
2526 Madrid Way S.
St. Petersburg, FL 33712

3. Mailing Address
 Suite, Apt. #, etc.
 City & State

4. FEI Number **59-2816016**
 Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
MORALES, LUIS E.
2952 66TH STREET NORTH
ST. PETERSBURG FL 33710

7. Name and Address of New Registered Agent
 Name **Luis E. Morales, M.D.**
 Street **2526 Madrid Way S.**
 City **St. Petersburg, FL 33712**
 City **FL** Zip Code

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 effects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	D	<input type="checkbox"/> Delete
NAME	MORALES, LUIS E.	
STREET ADDRESS	2526 MADRID WAY S.	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Luis E. Morales, M.D.	
STREET ADDRESS	2526 Madrid Way S.	
CITY-ST-ZIP	St. Petersburg, FL 33712	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Luis E. Morales, M.D.* Date: April 29/02 Daytime Phone #: 727-867-1428

CR2E034 (9/01)