2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT #

K91328

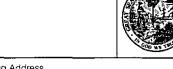
1. Entity Name J.R. ÁRAUZ, M.D., P.A.

Principal Place of Business

5438 TROUBLE CREEK RD

NEW PT RICHEY FL 34652

US



Mailing Address 5438 TROUBLE CREEK RD

NEW PT RICHEY FL 34652

2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				

FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90091 023 ***150.00

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Suite, Apt. #, etc.		o. Maining Address										
		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State		City & State				4.	4. FEI Number 59-2953466				Applied For Not Applicable	
Zip		Country	Zip		Coun	try	5.	. Certific	cate of Status Desired		\$8.75 / Fee Requ	Additional
	6. Name	and Address of Current l	Registere	d-Agent	يندر ويراسيد		7.	-Name	and Address of New Re	gistered	Agent	
						Name	_					
ARAUZ, J R 5438 TROUBLE CREEK RD						Street Address (P.O. Box Number is Not Acceptable)						
						Officer Address (1.0. Box Number 19 Not Acceptable)						
NEW PT F	RICHEY FL	34652										
						Cit					1 7:- 0	- 1-
						City				FL	Zip C	ode
	tions of regist										familiar wi	th, and accept
	Signature, typęd	or printed name of registered agent a	nd title if app	licable. (NOTE	Registere	d Agent signatur	re required when	reinstating	<u> </u>	DATE		
Afte	er May 1, 200	! FEE IS \$150.00 03 Fee will be \$550.00 o Flogida Department of	State	·				9.	Election Campaign Fina Trust Fund Contribution.			.00 May Be ded to Fees
10.		☼ OFFICERS AND I	DIRECTO	RS	11.		Ā	OITIO	NS/CHANGES TO OFFIC	ERS AN	D DIRECTO	ORS IN 11
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NAME	ARAUZ, J				NAM	E					_ ,	_
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CITY-ST-ZIP	NEW PT R	ICHEY FL			CITY	-ST-ZIP						
TITLE .	VP	:	`	☐ Delete	TITLE				· · · · · · · · · · · · · · · · · · ·		☐ Chang	e 🔲 Addition
NAME :	ARAUZ, E				NAM	E						
STREET ADDRESS		uble creek RD			STRE	et address						
CITY-ST-ZIP	NEW PT R	ichey fl			CITY	-ST-ZIP						
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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 attachmen

SIGNATURE:

Daytime Phone #