

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90015 030 ***150.00

DOCUMENT # K99890

1. Entity Name

RUDOLPH ACOSTA, JR., M.D., P.A.

Principal Place of Business

Mailing Address

3000 E FLETCHER AVE SUITE 120
TAMPA FL 33613-4643
US

3000 E FLETCHER AVE SUITE 120
TAMPA FL 33613-4643
US

908070



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3000 E Fletcher Ave.
 Suite, Apt. #, etc.
Suite 120

3000 E Fletcher Ave.
 Suite, Apt. #, etc.
Suite 120

City & State
Tampa, Florida

City & State
Tampa, Florida

Zip Country
33613-4643 USA

Zip Country
33613-4643 US

4. FEI Number **59-2955767**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRECO, FRANK J.
2412 N. 15TH ST. SUITE 200
TAMPA FL 33605
1715 N. WESTSHORE BLVD
SUITE 750
TAMPA, FL 33607

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 **1/18/00**

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **ACOSTA, RUDOLPH, JR.**
 STREET ADDRESS **662 RIVIERA DRIVE**
 CITY-ST-ZIP **TAMPA FL 33606**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-18-00 (813) 972-2603
 Date Daytime Phone #