

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **K99890**

1. Entity Name  
**RUDOLPH ACOSTA, JR., M.D., P.A.**



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

01-13-2003 90683 008 \*\*\*150.00

Principal Place of Business  
**3000 E FLETCHER AVE SUITE 120  
TAMPA FL 33613-4643  
US**

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

*as of March 1, 2003*

2. Principal Place of Business

3. Mailing Address

*12408 N. 56th St.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Suite #1*

City & State

City & State

*Tampa, FL 33*

Zip

Zip

*33617*

Country

Country

*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**

**GRECO, FRANK J.  
1715 N. WESTSHORE BLVD  
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. 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**

**D  
ACOSTA, RUDOLPH, JR.  
662 RIVIERA DRIVE  
TAMPA FL 33606**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

Change  Addition

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.

*RUDOLPH ACOSTA, JR., M.D. - President*

SIGNATURE:

*SIGNATURE REQUIRED*

*01-08-03*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)