## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an a

SIGNATURE:

## FILED Mar 08, 2000 8:00 am Secretary of State **DOCUMENT # L05145** 1. Entity Name ARMAS & FLOCH, M.D. 'S, P.A. 03-08-2000 90028 009 \*\*\*150.00 Mailing Address Principal Place of Business 425 S PARSONS AVE #101 425 S PARSONS AVE #101 BRANDON FL 33511-5230 BRANDON FL 33511 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0134833 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ARMAS, IGNACIO M.D. Street Address (P.O. Box Number is Not Acceptable) 402 NOLAND DR. BRANDON FL 33511 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. $\Box$ Trust Fund Contribution Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Armas, Ignacio M.D. TITLE ☐ Addition TITLE Delete ARMAS, IGNACIO M.D. NAME 425 S- Parsons Ave #101 NAME STREET ADDRESS STREET ADDRESS 402 NOLAND DR. BranDon, F1 33511 CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 in changed, or on an attachment with an address, with all other like empowered.