2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

L24867 **DOCUMENT #**

1. Entity Name

FRANK DEPENA, M.D., P.A.



FILED Jun 30, 2003 8:00 am Secretary of State 06-30-2003 90064 031 ***150.00

Mail FL 33175 Mail FL 3317				/		1955							
Suffer, Apt. #, etc. City & State Suite, Apt. #, etc.	11880 BIRD RD. STE 119		11890 BIRD RD, STE 119										
City & State Country Cou	2. Principal F	lace of Business	3. Mailing Address				-						
Ty Country Zip Country 5: Centificate or Status Desired \$2.75 Actitional \$2.75 Actiti	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
Security	City & State		City & State			-	4. FEI Number 65-0162977						
Name	ZipCountry		Zip	try	5	5. Certificate of Status Desired							
Stream Agrees Stream Agree		6. Name and Address of Current	Registered Agent			7	. Name and Address	of New Reg	istered Ag	ent		1	
1880 BIRD ROAD SUITE 119						Name							
SUTTE 119 MAMI PL 33175 City FL Zip Code City Florida. I am familiar with, and accept the city city city city city city city city	DEPENA, FRANK				Street Address (RO Rev Number in Net Agents his)								
MIAMI FL 33175 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Papable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 10. DEPENA, FRANK 1880 BIRD RD, \$119 111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 110. DEPENA, FRANK 1880 BIRD RD, \$119 111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 110. DEPENA, FRANK 1880 BIRD RD, \$119 111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 110. DEPENA, FRANK 1880 BIRD RD, \$119 111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 110. DEPENA, FRANK 1880 BIRD RD, \$119 111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 1	11880 BIR			Sileet Ad	uress (r.O	, box number is not A	(cceptable)			_			
S. 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 childgelicins of registered agent. SIGNATURE Signature Title	SUITE 119	1]	
SIGNATURE Signature, types to printed name of registered agent and itself applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	MIAMI FL 33175								FL	Zip Cod	e	1	
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$55.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11.1 TILLE D DEPENA, FRANK 11800 BIRD RD, \$119 TITLE NAME 11800 BIRD RD, \$119 TITLE NAME SIREET ADDRESS CITY-ST-ZP CIT	the obligations of registered agent.												
After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	Registered	d Agent signatur	e required whe	en reinstating)		DATE				
Atter May 1, 2003 Fee will be \$550.00 Make Chezyable to Florida Department of State 10.	·	<u> </u>		· ·								1	
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIRRET ADDRESS CITY-ST-2IP T													
TITLE DEPENA, FRANK Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete Dele							Trust Fund C	Contribution.		Added	to Fees		
NAME STREET ADDRESS CITY-ST-ZIP	10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/CHANGE	S TO OFFICE	ERS AND	DIRECTOR	S IN 11	1	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	D		TITLE	· ·							18	
CITY-ST-ZIP MIAMI FL	NAME		= 	NAME	E				·		_	3	
TITLE				STRE	ET ADORESS							13	
NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	MIAMI FL		CITY	-ST-ZIP							غِ إ	
CITY-ST-ZIP			. 🗀 Delete		Į.	•	**	· •	. [Change	Addition	è	
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	STREET ADDRESS			STRE	ET ADDRESS								
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			CITY	-ST-ZIP							1	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		, ;	☐ Delete						[Change	Addition		
CITY-ST-ZIP													
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·			l l								
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				+						Change		1	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			∟ Delete						Ĺ	crange	Audition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTALE NAME STREET ADDRESS CITY-ST-ZIP					1							1	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP											l	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		Delete	TITLE						7 Change	[] Addition	1	
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	NAME			NAME	: [
TiTLE Delete TiTLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS			STREE	et address								
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			CITY-	-ST-ZIP								
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLE	T					Change	☐ Addition	Ì	
CITY-ST-ZIP CITY-ST-ZIP				•									
	GHY-SI-ZIP	partiful that the information aumalical with		CITY	-51-ZIP							1	

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.