

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90159 017 ***150.00

DOCUMENT # L26957



1. Entity Name
EVELYN L. HERRERA, D.M.D., P.A.

Principal Place of Business
**2292 MAYPORT RD
SUITE 17
JACKSONVILLE FL 32233-9714**

Mailing Address
**2292 MAYPORT RD
SUITE 17
JACKSONVILLE FL 32233-9714**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2973959		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
HERRERA, EVELYN L. 2292 MAYPORT RD SUITE 17 JACKSONVILLE FL 32233				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 _____ (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			
TITLE	PVST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HERRERA DMD PA, EVELYN L.			NAME			
STREET ADDRESS	2292 MAYPORT ROAD #17			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			CITY-ST-ZIP			

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.

SIGNATURE: *Evelyn L. Herrera DMD PA*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EVELYN L. HERRERA, D.M.D., P.A.
 Date: **1-4-03** Daytime Phone #: **(904) 249 1302**

CR2E034 (10/02)