

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90009 027 ***150.00

DOCUMENT # L40557

1. Entity Name

BRADENTON PLASTIC SURGERY, P.A.

Principal Place of Business

BRADENTON PLASTIC SURGERY, PA
2902 59 TH ST W STE A
BRADENTON FL 34209

Mailing Address

BRADENTON PLASTIC SURGERY, PA
2902 59 TH ST W STE A
BRADENTON FL 34209

2. Principal Place of Business

BRADENTON PLASTIC SURGERY, PA

3. Mailing Address

SAME AS # 2

Suite, Apt. #, etc.

2902 59th ST. W., STE A

Suite, Apt. #, etc.

City & State

BRADENTON, FL

Zip

Country

Zip

Country

34209

MANATEE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0162047

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORAN, THOMAS P. ESQ
2902 59TH ST WEST
STE A
BRADENTON FL 34209

7. Name and Address of New Registered Agent

Name

ENRIQUE J. FERNANDEZ, M.D.

Street Address (P.O. Box Number is Not Acceptable)

2902 59th ST. WEST, SUITE A

City

BRADENTON

FL

Zip Code

34209

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

TITLE **D** ☐ Delete
NAME **FERNANDEZ, ENRIQUE J. MD**
STREET ADDRESS **2902 59TH ST W #A**
CITY-ST-ZIP **BRADENTON FL**

TITLE **PST** ☐ Delete
NAME **FERNANDEZ, ENRIQUE J. MD**
STREET ADDRESS **2902 59TH ST W #A**
CITY-ST-ZIP **BRADENTON FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/17/2002 (941) 795-6642

Daytime Phone #

CR2E034 (9/01)