

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90178 031 \*\*\*150.00

**DOCUMENT # M06939**

1. Entity Name  
**ARMANDO A. SANTELICES, M.D., P.A.**



Principal Place of Business  
**5000 UNIVERSITY DR  
3RD FLOOR  
CORAL GABLES FL 33146-008  
US**

Mailing Address  
**P O BOX 429  
OKEECHOBEE FL 34973  
US**

2. Principal Place of Business  
**212 N.E. 19th Drive**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Okeechobee, Fl**

City & State

4. FEI Number **59-2459075**

Applied For  
Not Applicable

Zip Country  
**34972 Okeechobee**

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANTELICES, ARMANDO A MD  
5000 UNIVERSITY DRIVE  
3RD FLOOR  
CORAL GABLES FL 33146**

Name

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

**212 N.E. 19th Drive**

City **Okeechobee, FL** Zip Code **34972**

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

**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 ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>SANTELICES, ARMANDO A. P.O. BOX 429 OKEECHOBEE FL 34973</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>RAMOS, VIVIAN P.O. BOX 429 OKEECHOBEE FL 34973</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D LIDIA R SANTELICES P.O. Box 429 Okeechobee, Fl 34973</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: \_\_\_\_\_

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

03/19/03 (863) 467-8181

Date

Daytime Phone #

CR2E034 (10/02)