

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90136 045 ***150.00

DOCUMENT # **M71039 ✓**

1. Entity Name

RAFFINAN & MOSQUERA SUNCOAST MEDCARE PA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9365 US HWY 19 N

3. Mailing Address

9365 US HWY 19 N

Suite, Apt. #, etc.

Suite E

Suite, Apt. #, etc.

Suite E

City & State

PINELLAS PK, FL

City & State

PINELLAS PK FL

Zip

33782

Country

U.S.A.

Zip

33782

Country

USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

MARIA RAFFINAN

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

9365 US HWY 19 N

Suite E

City

PINELLAS PARK,

FL

Zip Code

33782

**DO NOT WRITE
IN THIS SPACE**

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

M. Raffinan

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

(NOTE: Registered Agent signature required when reinstating)

4/29/02
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **PRESIDENT**
NAME **MARIA RAFFINAN, M.D.**
STREET ADDRESS **9365 US HWY 19 N**
CITY-ST-ZIP **PINELLAS PK, FL 33782**

TITLE **SECRETARY**
NAME **DOLORES MOSQUERA, M.D.**
STREET ADDRESS **9365 US HWY 19 N**
CITY-ST-ZIP **PINELLAS PK, FL 33782**

TITLE **TREASURER**
NAME **BENJAMIN MOSQUERA, M.D.**
STREET ADDRESS **9365 US HWY 19 N**
CITY-ST-ZIP **PINELLAS PK, FL 33782**

TITLE **BOARD MEMBER**
NAME **JOSE A. RAFFINAN JR**
STREET ADDRESS **9365 US HWY 19 N**
CITY-ST-ZIP **PINELLAS PK, FL 33782**

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

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

M. Raffinan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/02 787-577-0285

CR2E034B (12/01)