

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M93893

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

Entity Name: FRANCISCO P. CARREON, M.D., PROFESSIONAL ASSOCIATION

**Current Principal Place of Business:**

616 E ALTAMONTE DR  
SUITE 105  
ALTAMONTE SPRINGS, FL 32701 US

**New Principal Place of Business:**

**Current Mailing Address:**

616 E ALTAMONTE DR  
SUITE 105  
ALTAMONTE SPRINGS, FL 32701 US

**New Mailing Address:**

FEI Number: 38-1957607      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CARREON, FRANCISCO P.  
616 E. ALTOMONTE DRIVE, SUITE 105  
ALTAMONTE SPRINGS, FL 32701 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CARREON, FRANCISCO P.  
Address: 616 E. ALTAMONTE DRIVE, SUITE 105  
City-St-Zip: ALTAMONTE SPRINGS, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: CARREON, FRANCISCO P.  
Address: 616 E. ALTAMONTE DRIVE, SUITE 105  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCISCO P. CARREON

PRES

04/29/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date