

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 18, 2001 8:00 am
Secretary of State

04-14-2001 90033 024 ***150.00

DOCUMENT # P00000003675

1. Entity Name

LEONELO A. RUISANCHEZ, M.D., P.A.

Principal Place of Business

Mailing Address

6660 S.W. 117TH AVENUE
 MIAMI FL 33183

6660 S.W. 117TH AVENUE
 MIAMI FL 33183

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0972429

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

GARCIA-LINARES, MANUEL-A
201 S. BISCAYNE BOULEVARD
10TH FLOOR, MIAMI CENTER
MIAMI FL 33131

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D ☐ Delete
RUISANCHEZ, LEONELO A MD
6660 S.W. 117TH AVENUE
MIAMI FL 33183

TITLE
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 CITY-ST-ZIP

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☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Leonele Ruisanchez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LEONELO RUISANCHEZ - 4-11-01 (305) 270-1126

CR2E034 (10/00)