

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2002 8:00 am
Secretary of State

08-04-2002 90163 027 ***550.00

DOCUMENT # P00000012572

1. Entity Name
ARNOLD VERA, M.D., M.S.C., ~~THE~~ F.A.C.E.

Principal Place of Business
873 STERLING DR. STE 303
~~1050 W. GRANADA BLVD. STE 2~~
ORMOND BEACH FL 32174

Mailing Address
873 STERLING DR. STE 303
~~1050 W. GRANADA BLVD. STE 2~~
ORMOND BEACH FL 32174

972173



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Same AS ABOVE

3. Mailing Address

Suite, Apt. #, etc.
Suite 303

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3622303

Applied For
 Not Applicable

Zip
32174

Country

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

VERA, ARNOLD MD, MSC

~~1050 W. GRANADA BLVD. STE 2~~ **873 STERLING DR. STE 303**
ORMOND BEACH FL 32174

Name
ARNOLD VERA MD, MSc. PA

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

873 STERLING DR. STE 303

City **ORMOND BEACH** **FL** Zip Code **32174**

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 _____ DATE **7-31-02**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **D** ☐ Delete
 NAME **VERA, ARNOLD MD, MSC**
 STREET ADDRESS **1050 W. GRANADA BLVD. STE 2**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ Change ☐ Addition
 NAME **VERA, ARNOLD MD, MSc.**
 STREET ADDRESS **873 STERLING DR. STE 303**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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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 OF ARNOLD VERA** **7-30-2002** **(386) 677-2929**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)