

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000039131

1. Entity Name
DIGNA M. ACOSTA M.D., P.A.

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90008 036 ***558.75

AV 8188200

Principal Place of Business
2456 NW 97TH LN
CORAL SPRINGS FL 33065

Mailing Address
2456 NW 97TH LN
CORAL SPRINGS FL 33065



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9750 NW 33 ST
Suite, Apt. #, etc.
212
City & State

3. Mailing Address
9750 NW 33 ST
Suite, Apt. #, etc.
212
City & State

4. FEI Number
65-1000442
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

ACOSTA, DIGNA M
2456 NW 97TH LN
CORAL SPRINGS FL 33065

Name
Street Address (P.O. Box Number is Not Acceptable)
~~2456 NW 97TH LN~~ 9750 NW 33 ST
Suite # 212 Coral Springs FL
City FL Zip Code

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 Digna M. Acosta MD TITLE MD DATE 7/6/01
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 12, 2001 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 PD
NAME ACOSTA, DIGNA M
STREET ADDRESS 2456 NW 97TH LN
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Delete

TITLE MD / CEO / PD ☒ Change ☐ Addition
NAME
STREET ADDRESS 2456 NW 9750 NW 33 ST. STE 212
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE VICE PRESIDENT / SECRETARY ☒ Change ☐ Addition
NAME JORGE OMAR
STREET ADDRESS 2456 NW 97 LN
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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)(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: Digna M. Acosta MD DATE 7/6/01 PHONE (954) 757-2225
Signature, typed or printed name of signing officer or director

CR2E034 (5/01)