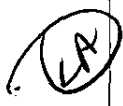


2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jun 19, 2001 8:00 am
Secretary of State

06-19-2001 90010 030 ***150.00

DOCUMENT # P00000041740**1. Entity Name**Magdalena Beltre, M.D., P.A. **Principal Place of Business**1410 West Broadway
Suite 201

Oviedo, Florida 32765

Mailing Address1410 West Broadway
Suite 201

Oviedo, Florida 32765

C0071371

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3643532

Applied For

Not Applicable

Zip

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**

Magdalena Beltre, M.D.

1410 West Broadway

Suite 201

Oviedo, Florida 32765

Name

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

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**
Magdalena Beltre, M.D.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/6/01

**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	P, S, T, D	<input type="checkbox"/> Delete
NAME	Magdalena Beltre, M.D.	
STREET ADDRESS	1410 West Broadway, Suite 201	
CITY-ST-ZIP	Oviedo, Florida 32765	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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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:**
Magdalena Beltre, M.D., President

(407) 971-2910

Date

Daytime Phone #