

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000091364

FILED  
Jan 11, 2003  
Secretary of State

Entity Name: RAMON E COLINA, M.D., P.A.

## Current Principal Place of Business:

1217 S. EAST AVE.  
310  
SARASOTA, FL 34239

## New Principal Place of Business:

2800 BAHIA VISTA ST.  
400  
SARASOTA, FL 34239

## Current Mailing Address:

1217 S. EAST AVE.  
310  
SARASOTA, FL 34239

## New Mailing Address:

2800 BAHIA VISTA ST.  
400  
SARASOTA, FL 34239

FEI Number: 59-3671768

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COHRS, DENIS A ESQ.  
2841 EXECUTIE DRIVE, SUITE 120  
CLEARWATER, FL 33762 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: COLINA, RAMON E  
Address: 1217 S. EAST AVE SUITE 310  
City-St-Zip: SARASOTA, FL 34239

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: COLINA, RAMON E  
Address: 2800 BAHIA VISTA SUITE 400  
City-St-Zip: SARASOTA, FL 34239

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: RAMON E. COLINA

D

01/11/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date