

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90001 048 ***150.00

0084755

DOCUMENT # P00000096643

1. Entity Name

GLORIA FARINA, M.D., P.A.

Principal Place of Business

**787 37TH ST., E-180
VERO BEACH FL 32960**

Mailing Address

**787 37TH ST., E-180
VERO BEACH FL 32960****819353**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

370 17th Street**370 17th Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Vero Beach FL

City & State

Vero Beach FL

Zip

Country

Zip

Country

32960 Indian River**32960 Indian River**

4. FEI Number

59-3676506

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FARINA, GLORIA M.D.
787 37TH ST., E-180
VERO BEACH FL 32960**

7. Name and Address of New Registered Agent

Name

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

370 17th Street

City

Vero Beach

FL

Zip Code

32960

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

TITLE	D	<input type="checkbox"/> Delete
NAME	FARINA, GLORIA M.D.	
STREET ADDRESS	787 37TH ST., E-180 370 17th Street	
CITY-ST-ZIP	VERO BEACH FL 32960	

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-3-01**561-778-9991**

CR2E034 (10/00)