

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91653 023 ***158.75

DOCUMENT # P00000097169

1. Entity Name
EDUARDO BORGES, M.D., P.A.

Principal Place of Business

**3405 N.W. FEDERAL HWY. #102
 JENSEN BEACH FL 34957**

Mailing Address

**3405 N.W. FEDERAL HWY. #102
 JENSEN BEACH FL 34957**

2. Principal Place of Business

**3405 NW Federal Hwy
 Suite, Apt. #, etc.
 103**

3. Mailing Address

**3405 NW FEDERAL HWY
 Suite, Apt. #, etc.
 103**

City & State

Jensen Beach, FL

City & State

JENSEN BEACH, FL

4. FEI Number

65-1049094

Applied For

Not Applicable

Zip

34957

Country

Zip

34957

Country

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK INC.
 941 FOURTH STREET #200
 MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name

EDUARDO BORGES

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

3405 NW FEDERAL HWY - SUITE 103

City

JENSEN BEACH

FL

Zip Code

34957

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.

EDUARDO BORGES, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-02

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, 2002 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** ☐ Delete
 NAME **BORGES, EDUARDO F**
 STREET ADDRESS **3405 N.W. FEDERAL HWY. #102**
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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)(f), 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

EDUARDO BORGES

Date

Daytime Phone #

4/24/02 (561) 692-9211

CR2E034 (9/01)