

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State
 05-07-2001 90015 047 ***150.00

0272415

DOCUMENT # P00000097848

1. Entity Name
JESUS PALACIO, M.D., P.A.

Principal Place of Business
**584 SLIPPERY ROCK ROAD
 WESTON FL 33327**

Mailing Address
**584 SLIPPERY ROCK ROAD
 WESTON FL 33327**

2. Principal Place of Business
1301 S. Main St.

3. Mailing Address
PO Box 885

Suite, Apt. #, etc.

City & State
Belle Glade, Fla.

City & State
South Bay, Fla.

Zip
33430

Country
PAIm beach, USA

Zip
33493

Country
PAIm beach, USA

6. Name and Address of Current Registered Agent
**PALACIO, JESUS
 584 SLIPPERY ROAD ROAD
 WESTON FL 33327**

7. Name and Address of New Registered Agent
 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 **Jesus Palacio M.D.** DATE **4/23/01**

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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	D PALACIO, JESUS 584 SLIPPERY ROCK ROAD WESTON FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Jesus Palacio M.D.** DATE **4/23/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)