

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 04, 2003 8:00 am**  
**Secretary of State**

08-04-2003 90152 037 \*\*\*150.00

0113624 AV

**DOCUMENT # P00000100397**

**1. Entity Name**  
**JUAN C. VILA, M.D., P.A.**



**Principal Place of Business**  
**3890 TAMPA ROAD, SUITE 407**  
**PALM HARBOR FL 33615**

**Mailing Address**  
**3890 TAMPA ROAD, SUITE 407**  
**PALM HARBOR FL 33615**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number 59-3680764**

Applied For  
Not Applicable

**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**

**VILA, JUAN C M.D.**  
**3890 TAMPA ROAD, SUITE 407**  
**PALM HARBOR FL 33615**

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **VILA, JUAN C M.D.**  
**STREET ADDRESS** **3890 TAMPA ROAD, SUITE 407**  
**CITY-ST-ZIP** **PALM HARBOR FL 33615**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**CITY-ST-ZIP**

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/03

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

80135870

P000000/00397

Juan C. Vila, MD  
3890 Tampa Road, Suite 407  
Palm Harbor, Fl. 33615

August 1, 2003

Division Of corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, Fl 32302-1500

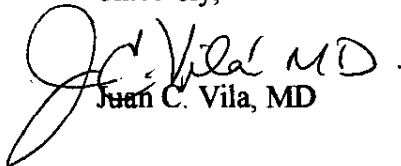
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To Whom It May Concern:

The following is to inform you that I have received your documentation yesterday, July 31<sup>st</sup>. I never received one prior therefore I am enclosing a check for \$150.00 to maintain my corporation.

Thank you for your cooperation.

Sincerely,

  
Juan C. Vila, MD