

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000102632

Entity Name
CARMELITA ESPIRITU GARCIA, M.D., P.A.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90158 013 ***150.00

Principal Place of Business
242 JOSE CIRCLE WEST
JACKSONVILLE FL 32217

Mailing Address
8242 JOSE CIRCLE WEST
JACKSONVILLE FL 32217

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3683629

Applied For
Not Applicable

Zip

Country

Zip

Country

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

GARCIA, CARMELITA E
8242 JOSE CIRCLE WEST
JACKSONVILLE FL 32217

Name

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

City

FL

Zip Code

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

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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
<p>LE ME REET ADDRESS Y-ST-ZIP</p> <p>P GARCIA, CARMEUTA E 8242 JOSE CIRCLE WEST JACKSONVILLE FL 32217</p> <p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>LE ME REET ADDRESS Y-ST-ZIP</p> <p>S GARCIA, LORENZO H 8242 JOSE CIRCLE WEST JACKSONVILLE FL 32217</p> <p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
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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:

Carmelita E. Garcia, M.D. President 2/1/02 904-731-7464
CARMELITA ESPIRITU GARCIA, M.D.

Date

Daytime Phone #

CR2E034 (9/01)