

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 23, 2001 8:00 am  
Secretary of State

02-13-2001 90022 046 \*\*\*150.00

DOCUMENT # P00000111780

1. Entity Name

JACKELINE D. BRICENO, M.D., P.A.

Principal Place of Business

Mailing Address

4300 SW OAKHAVEN LANE  
PALM CITY FL 34990

4300 SW OAKHAVEN LANE  
PALM CITY FL 34990

2. Principal Place of Business

528 EAST OSGOLA

Suite, Apt. #, etc.

1B

3. Mailing Address

528 EAST OSGOLA

Suite, Apt. #, etc.

1B

City & State

STUART

Zip

34994

Country

MARTIN

City & State

STUART

Zip

FL 34994

Country

MARTIN

4. FEI Number

5-6-1059774

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RUTHLAND, LEONARD JR.  
759 SOUTH FEDERAL HIGHWAY  
SUITE 303  
STUART FL 34994

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

Signature, typed or printed name of Registered Agent acceptable.

(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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
M.D.  
BRICENO, JACKELINE D P.A.  
4300 SW OAKHAVEN LANE  
PALM CITY FL 34990

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

2/5/01

Date

Daytime Phone #

CR2E034 (10/00)