

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90122 017 \*\*\*150.00

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DOCUMENT # P00000117706 ✓

1. Entity Name

DENNIS F. PUPELLO, M.D., P.A. N/C 3/8/01 (TM)  
 Pupello & Lopez-Cuena, M.D.s P.A.

Principal Place of Business

Mailing Address

3003 MARTIN LUTHER KING JR. BLVD.  
 SUITE 202  
 TAMPA FL 33607

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 SUITE 202  
 TAMPA FL 33607

2. Principal Place of Business

3003  
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 152169  
 Suite, Apt. #, etc.

City & State

City & State

Tampa FL

4. FEI Number

59-3692444

Applied For

Not Applicable

Zip

Country

Zip

Country

33684

USA

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

KALISH, WILLIAM ESQ.  
 101 E. KENNEDY BLVD.  
 SUITE 4100  
 TAMPA FL 33602

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 and title if applicable.

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	PUPELLO, DENNIS F M.D.	
STREET ADDRESS	3003 MARTIN LUTHER KING JR. BLVD.	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	<del>Lopez-Cuena, Enrique</del>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lopez-Cuena, Enrique MD	
STREET ADDRESS	3003 W.M.L King Jr Blvd	
CITY-ST-ZIP	Tampa FL 33607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/01

Date

813/875-8988

Daytime Phone #

CR2E034 (10/00)