

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90078 003 ***150.00

DOCUMENT # P01000021344

1. Entity Name

EGBERTO J. ZAYAS, M.D., P.A.

Principal Place of Business

**4602 N. ARMENIA AVE STE D-2
TAMPA FL 33603**

Mailing Address

**4602 N. ARMENIA AVE STE D-2
TAMPA FL 33603**

2. Principal Place of Business

3450 E. Fletcher Ave.

3. Mailing Address

3450 E. Fletcher Ave.

Suite, Apt. #, etc.

Suite # 230

Suite, Apt. #, etc.

Suite # 230

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33613

Country

Hillsborough

Zip

33613

Country

Hillsborough

6. Name and Address of Current Registered Agent

ZAYAS, EGBERTO J M.D.

**4602 N. ARMENIA AVE STE D-2
TAMPA FL 33603**

4. FEI Number

59-3703850

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of New Registered Agent

Name

EGBERTO J. ZAYAS, MD.

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

3450 E. Fletcher Ave.

Suite # 230

City

Tampa

FL

Zip Code

33613

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.

EGBERTO J. ZAYAS, MD.

01-29-2002

(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, 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**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ZAYAS, EGBERTO J M.D.**
STREET ADDRESS **4602 N. ARMENIA AVE STE D-2**
CITY-ST-ZIP **TAMPA FL 33603**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)