

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90284 022 ***150.00

DOCUMENT # P01000021344

1. Entity Name
EGBERTO J. ZAYAS, M.D., P.A.



Principal Place of Business
**3450 E. FLETCHER AVENUE
SUITE 230
TAMPA FL 33613**

Mailing Address
**3450 E. FLETCHER AVENUE
SUITE 230
TAMPA FL 33613**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

13601 Bruce B. Downs Ste. 310
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 48407
Suite, Apt. #, etc.

City & State
TAMPA, FL

Zip
33647

Country
FL/Leonayla

City & State
TAMPA, FL

Zip
33647

Country
HTS/BOROUGH

4. FEI Number
59-3703850

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ZAYAS, EGBERTO J M.D.
3450 E. FLETCHER AVENUE
SUITE 230
TAMPA FL 33619**

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. 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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAYAS, EGBERTO J M.D. 4602 N. ARMENIA AVE STE D-2 TAMPA FL 33603	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 RECEIVED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Egberto J. Zayas, MD - President
Date **02/10/03** Daytime Phone # **(813) 66-0777**

CR2E034 (10/02)