

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90086 014 ***150.00

DOCUMENT # P01000032924



1. Entity Name
CESAR EURIBE, M.D., P.A.

Principal Place of Business
**1400 U.S. HIGHWAY 441
BUILDING 500 - SUITE 536
THE VILLAGES FL 32159**

Mailing Address
**1400 U.S. HIGHWAY 441
BUILDING 500 - SUITE 536
THE VILLAGES FL 32159**

W0010000



2. Principal Place of Business
**13940 US Hwy 441
Suite, Apt. #, etc.
SUITE 503**

3. Mailing Address
**P.O. Box 1746
Suite, Apt. #, etc.**

CHECK HERE IF MAKING CHANGES

City & State
LADY LAKE FL

City & State
LADY LAKE FL.

4. FEI Number
59-3701603

Applied For
 Not Applicable

Zip
32159

Country
Sumter

Zip
32158

Country
Sumter

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

**EURIBE, CESAR M.D.
1400 U.S. HIGHWAY 441
BUILDING 500 - SUITE 536
THE VILLAGES FL 32159**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D <input type="checkbox"/> Delete
NAME	EURIBE, CESAR M.D.
STREET ADDRESS	1400 U.S. HIGHWAY 441 BLDG. 500 #536
CITY-ST-ZIP	THE VILLAGES FL 32159
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
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 REQUIRED **Cesar Euribe.** **1-13-03** **352-750-5882**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)