2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State
07-23-2002 90321 050 ***150.00

DOCUMENT # P01000048402

1. Entity Name
ANDRADE'S MEDICAL BUILDING CORP.

Principal Place of Business	Mailing Address
5412 CURRY FORD RD. ORLANDO FL 32812	5412 CURRY FORD RD. ORLANDO FL 32812

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3716104 ☐ Applied For ☐ Not Applicable

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
LOGAS, PHILIP L ESQ. 34 E. PINE ST. ORLANDO FL 32801	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

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 $550.00
After September 13, 2002 Fee will be $750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PST ANDRADE, JOSE 5412 CURRY FORD RD. ORLANDO FL 32812	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (4/02)

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 REQUIRED 7-11-02 (407)658-7882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ALLERGY, ASTHMA, ARTHRITIS CENTER OF CENTRAL FLORIDA
JOSE ANDRADE, M.D., P.A.
5412 Curry Ford Rd
Orlando, FL 32812
(407) 658-7882

322 W. Oak St.
Kissimmee, FL 34741
(407) 846-4540

Attachment
#P01000048402-122301

July 11, 2002

Division of Corporations
Uniform Business Report Filings
P O Box 1500
Tallahassee, FL 32302-1500

Re: Document #P01000048402
Andrade's ~~Medical Building~~ Corp

As instructed by your Division's Representative, a completed and signed UBR form and check are attached, since we did not receive the first notice.

Should there be any questions, please do not hesitate to contact me at: (407)658-7885 office; (407)658-7995 fax; or via e-mail at: andradeaikido@hotmail.com.

Thank you.

Daisy Vazquez
Office Administrator

DV/

Enclosures

Diplomate of the American Board of Allergy and Immunology
A Conjoint Board of the American Board of Internal Medicine and the American Board of Pediatrics
Recertified Diplomate of the American Board of Pediatrics
Recertified Diplomate Pediatric Rheumatology - Subboard American Board of Pediatrics
Diplomate and Senior Disability Analyst of the American Board of Disability Analysts
General Acupuncture