

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-17-2003 90696 011 ***150.00

DOCUMENT # P01000057487

1. Entity Name
LUIS A. JOVEL, M.D., P.A.

dba Bayside Family Care



Principal Place of Business: **878 SIXTH AVE. SOUTH ST. PETERSBURG FL 33701**
Mailing Address: **878 SIXTH AVE. SOUTH ST. PETERSBURG FL 33701**



CHECK HERE IF MAKING CHANGES

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 **59-3724070**
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

JOVEL, LUIS A
878 SIXTH AVE SOUTH
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: 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	JOVEL, LUIS A
STREET ADDRESS	878 SIXTH AVE SOUTH
CITY-ST-ZIP	ST. PETERSBURG FL 33701
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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: *Luis Jovel* **LUIS JOVEL, M.D.** 2/19/03 (727) 821-1314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)