FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91111 001 *****8.75
04-21-2003 91111 002 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000058454

1. Entity Name
URIEL NAZARIO, M.D., P.A.

Principal Place of Business	Mailing Address
421 KINGSLEY AVENUE SUITE 402 ORANGE PARK, FL 32073	1508 BROOKSTONE DR ORANGE PARK, FL 32073

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

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3733157** ☐ 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
WICKES, LESLIE A C/O VOLPE, BAJALIA, WICKES & ROGERSON 1301 RIVERPLACE BLVD, SUITE 1700 JACKSONVILLE, FL 32207	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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD NAZARIO, URIEL 1508 BROOKSTONE DR ORANGE PARK, FL 32073	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D Nazario, Uriel 1508 Brookstone Dr Orange Park, FL 32003	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T Jacqueline Casey 1508 Brookstone Dr Orange Park, FL 32003	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T Jacqueline Casey 1508 Brookstone Dr Orange Park, FL 32003	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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

CR2E034 (10/02)

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] Jacqueline Casey S, T 4/15/03 904-215-3637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #