

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-25-2002 90082 038 ***150.00

DOCUMENT # P01000063556

1. Entity Name
MILTON M. APONTE, M.D., P.A.

Principal Place of Business
5593 N.W. WESLEY ROAD
PORT ST LUCIE FL 34986

Mailing Address
5593 N.W. WESLEY ROAD
PORT ST LUCIE FL 34986



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
499 NW Wesley Prima Vista

3. Mailing Address
499 NW Wesley Prima Vista

Suite, Apt. #, etc.
#B

Suite, Apt. #, etc.
#B

City & State
Port St. Lucie, FL

City & State
Port St. Lucie, FL

4. FEI Number
1051-116-033

Applied For
☐ Not Applicable

Zip
34983

Country
USA

Zip
34983

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

APONTE, MILTON M MD
5593 N.W. WESLEY ROAD
PORT ST LUCIE FL 34986

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.

SIGNATURE *[Signature]*

2/12/02

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

TITLE **CEO** ☐ Delete
NAME **Milton M. Aponte, M.D.**
STREET ADDRESS
CITY-ST-ZIP

TITLE **Secretary** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treasurer** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO** ☐ Change ☒ Addition
NAME **Milton M. Aponte, M.D.**
STREET ADDRESS **5593 NW Wesley Rd.**
CITY-ST-ZIP **Port St. Lucie, FL 34986**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Lisa Jane Aponte**
STREET ADDRESS **5593 NW Wesley Rd.**
CITY-ST-ZIP **Port St. Lucie, FL 34986**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Milton M. Aponte, M.D.**
STREET ADDRESS **5593 NW Wesley Rd.**
CITY-ST-ZIP **Port St. Lucie, FL 34986**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 life empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/12/02 (561) 735 8949

CR2E034 (9/01)