

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 02, 2002 8:00 am
Secretary of State

06-02-2002 90904 019 ***150.00

DOCUMENT # PO1000085412
1. Entity Name
Pedro F. Casanova, M.D., P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1830 PLACIDA ROAD
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 2128
Suite, Apt. #, etc.

City & State ENGLEWOOD, FL City & State ENGLEWOOD, FL

Zip 34223 Country USA Zip 34295 Country USA

DO NOT WRITE IN THIS SPACE

4. FLI Number 65-1127194 Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name PEDRO F. CASANOVA, M.D., P.A.

Street Address (P.O. Box Number is Not Acceptable)
1830 PLACIDA ROAD

City ENGLEWOOD FL Zip Code 34223

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] DATE April 30, 2002

Signature typed or printed name of registered agent and office if applicable (NOTE: Registered Agent signature required when renewing)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. **January 1 - May 1 Fee is \$150.00**
After May 1, Fee is \$550.00
Amended UBR is \$81.25
Make Check Payable to Department of State

10. Current Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>President Pedro F. Casanova, MD 2501 Tenth St. P.O. Box 2128 ENGLEWOOD, FL 34295-2128</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Vice President Ruby T. Sipper P.O. Box 1545 Englewood, FL 34295-1545</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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 on an attachment with an addressee with all other like empowered.

SIGNATURE: [Signature] Date 5/31/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #