

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000085412

FILED  
Apr 29, 2003  
Secretary of State

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

## Current Principal Place of Business:

1830 PLACIDS RD.  
ENGLEWOOD, FL 34223

## New Principal Place of Business:

1830 PLACIDA RD.  
ENGLEWOOD, FL 34223

## Current Mailing Address:

PO BOX 2128  
ENGLEWOOD, FL 34295

## New Mailing Address:

FEI Number: 65-1127194

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASANOVA, PEDRO F M.D.  
1830 PLACIDS RD.  
ENGLEWOOD, FL 34223

## Name and Address of New Registered Agent:

CASANOVA, PEDRO F M.D.  
1830 PLACIDA RD.  
ENGLEWOOD, FL 34223

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:

Electronic Signature of Registered Agent

04/29/2003

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CASANOVA, PEDRO F M.D.  
Address: PO BOX 2128  
City-St-Zip: ENGLEWOOD, FL 342952128

Title: VP ( ) Delete  
Name: SIPPER, RUBY T  
Address: PO BOX 1545  
City-St-Zip: ENGLEWOOD, FL 342951545

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEDRO F. CASANOVA, MD

Electronic Signature of Signing Officer or Director

P

04/29/2003

Date