

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000095892

1. Entity Name

SOUTH SHORE ARTHRITIS OSTEOPOROSIS CLINIC, P.A.

Principal Place of Business  
5940 MAIN STREET  
NEW PORT RICKEY FL 34652

Mailing Address  
5940 MAIN STREET  
NEW PORT RICKEY FL 34652

2. Principal Place of Business  
4051 UPPER CREEK DR.  
Suite, Apt. #, etc.  
SUITE 101  
City & State  
SUN CITY CENTER, FL.  
Zip  
33573  
Country  
USA

3. Mailing Address  
4051 UPPER CREEK DR.  
Suite, Apt. #, etc.  
SUITE 101  
City & State  
SUN CITY CENTER, FL.  
Zip  
33573  
Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number  
52-2347269  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

GANUZA, CARLOS  
5940 MAIN STREET  
NEW PORT RICKEY FL 34652

7. Name and Address of New Registered Agent  
Name  
CARLOS GANUZA  
Street Address (P.O. Box Number is Not Acceptable)  
4051 UPPER CREEK DR.  
SUITE 101  
City  
SUN CITY CENTER FL Zip Code  
33573

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 *Carlos GANUZA* (NOTE: Registered Agent signature required when reinstating)

4/25/02  
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GANUZA, CARLOS 10022 MAYBROOK CT NEW PORT RICKEY FL 34654	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4051 UPPER CREEK DR. #101 SUN CITY CENTER, FL. 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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 like empowered.

SIGNATURE:

*Carlos GANUZA*  
SIGNATURE AND LEGAL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02  
Date

813-  
642-9117  
Daytime Phone

CR2E034 (9/01)