

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90024 031 ***150.00

DOCUMENT # P01000096455

1. Entity Name

SANTIAGO M. HOYOS, M.D., P.A.

Principal Place of Business

**4107 CHATHAM OAK CT.
TAMPA FL 33624**

Mailing Address

**4107 CHATHAM OAK CT.
TAMPA FL 33624**

BU047260



2. Principal Place of Business

**18055 HIGHWOODS PRESERVE
PARKWAY**

3. Mailing Address

P.O. Box 340397

DO NOT WRITE IN THIS SPACE

City & State

Tampa, FLORIDA

City & State

Tampa, FLORIDA

4. FEI Number

59-3747516

Applied For

Not Applicable

Zip **33647**

Country **USA**

Zip **33694**

Country **USA**

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HOYOS, SANTIAGO M
4107 CHATHAM OAK CT.
TAMPA FL 33624**

7. Name and Address of New Registered Agent

Name **SANTIAGO M. HOYOS, MD**
Street Address **18055 HIGHWOODS PRESERVE PKWY.**
City **Tampa** FL Zip Code **33647**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 **D** ☒ Delete
NAME **HOYOS, SANTIAGO M**
STREET ADDRESS **4107 CHATHAM OAK CT.**
CITY-ST-ZIP **TAMPA FL 33624**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **SANTIAGO M. HOYOS, MD**
STREET ADDRESS **P.O. Box 340397**
CITY-ST-ZIP **Tampa, FL 33694**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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 like empowered.

SIGNATURE:

SANTIAGO M. HOYOS, MD, P.A.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-02 813-631-7788

Date

Daytime Phone #

CR2E034 (9/01)