

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91240 009 \*\*\*150.00

**DOCUMENT # P01000119444**

1. Entity Name  
**LUIS E. GARCIA, MD, PA**

Principal Place of Business  
**8001 N DALE MABRY, STE 501-F**  
**TAMPA FL 33614**

Mailing Address  
**8001 N DALE MABRY, STE 501-F**  
**TAMPA FL 33614**

2. Principal Place of Business  
**5537 GULF DRIVE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**5537 GULF DRIVE**  
 Suite, Apt. #, etc.

City & State  
**New Port Richey, FL**  
 Zip  
**34652**  
 Country  
**USA**

City & State  
**New Port Richey**  
 Zip  
**34652**  
 Country  
**USA**

4. FEI Number  
**59-3761288**

Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**GREGORY, LANNIE**  
**2680 W LAKE RD**  
**PALM HARBOR FL 34684-3120**

## 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 \_\_\_\_\_ (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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<b>P</b>	<b>LUIS E. GARCIA, M.D.</b>	<b>5537 GULF DRIVE</b>	<b>New Port Richey, FL. 34652</b>		

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 an other like empowered.

SIGNATURE: **[Signature]**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/02 (727) 845-0299**  
 Date Daytime Phone #

CR2E034 (9/01)