

FILED

Mar 17, 2003 8:00 am
Secretary of State

03-03-2003 90459 009 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

3/1

DOCUMENT # P02000010269

1. Entity Name

DERIAS COMPREHENSIVE, P.A.



Principal Place of Business

112 TARA OAKS CIRCLE
LADY LAKE FL 32125

Mailing Address

112 TARA OAKS CIRCLE
LADY LAKE FL 32125

2. Principal Place of Business

3214 SE 24th Terr

Suite, Apt. #, etc.

3. Mailing Address

3214 SE 24th Terr

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Ocala FL

City & State

Ocala FL

4. FEI Number

41-2025856

Applied For

Not Applicable

Zip

34471

Country

Zip

34471

Country

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

6. Name and Address of Current Registered Agent

DERIAS, ONSI

112 TARA OAKS CIRCLE
LADY LAKE FL 32125

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
3214 SE 24th Terr

City Ocala FL Zip Code 34471

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

\$5.00 May Be
Trust Fund Contribution ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Onsi Derias
3214 SE 24th Terr
Ocala FL 34471TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clerks Phone # 1-800-352-6299

CR2ED034 (10/02)