

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91442 011 ***150.00

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DOCUMENT # P02000046250

1. Entity Name

ALFEA M. LACIERDA, M.D., P.A.



Principal Place of Business

673 BEVILLE ROAD
SOUTH DAYTONA FL 32119

Mailing Address

673 BEVILLE ROAD
SOUTH DAYTONA FL 32119

2. Principal Place of Business

180 Aleatha Drive

3. Mailing Address

180 Aleatha Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Daytona Beach, Florida

City & State

Daytona Beach, Florida

4. FEI Number

01-0682053

Applied For

Not Applicable

Zip

32114

Country

USA

Zip

32114

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

LACIERDA, ALFEA M M.D.
673 BEVILLE ROAD
SOUTH DAYTONA FL 32119

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

180 Aleatha Drive

City

Daytona Beach

FL

Zip Code

32114

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

Alfea M. Lacierda
Signature, typed or printed name of registered agent and title if applicable.

ALFEA M. LACIERDA, M.D., DIRECTOR

04-23-03

(NOTE: Registered Agent signature required when reinstating)

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME LACIERDA, ALFEA M M.D.
STREET ADDRESS 673 BEVILLE ROAD
CITY-ST-ZIP SOUTH DAYTONA FL 32119

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 180 Aleatha Drive
CITY-ST-ZIP Daytona Beach, Florida 32114

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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:

Alfea M. Lacierda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALFEA M. LACIERDA, MD

04-23-03

(386)2524208

Date

Daytime Phone #

CR2E034 (10/02)