

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

0013058 AV

04-28-2003 91361 050 ***150.00

DOCUMENT # P02000046252



1. Entity Name
JOSE R. ABANDO, M.D., P.A.

Principal Place of Business
**645 RIDGEWOOD AVENUE
HOLLY HILL FL 32117**

Mailing Address
**645 RIDGEWOOD AVENUE
HOLLY HILL FL 32117**



2. Principal Place of Business
180 Aleatha Drive

3. Mailing Address
180 Aleatha Drive

Suite, Apt. #, etc.
Daytona Beach, Florida

Suite, Apt. #, etc.
Daytona Beach, Florida

CHECK HERE IF MAKING CHANGES

City & State
Daytona Beach, Florida

City & State
Daytona Beach, Florida

4. FEI Number
01-0675889

Applied For
 Not Applicable

Zip
32114

Country
USA

Zip
32114

Country
USA

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

6. Name and Address of Current Registered Agent
**ABANDO, JOSE R M.D.
645 RIDGEWOOD AVENUE
HOLLY HILL FL 32117**

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 *Jose R. Abando* **JOSE R. ABANDO, M.D. - DIRECTOR** **04-23-03**
Signature, typed or printed name of registered agent and title if applicable. (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABANDO, JOSE R M.D. 645 RIDGEWOOD AVENUE HOLLY HILL FL 32117	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	180 Aleatha Drive Daytona Beach, Florida 32114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: *Jose R. Abando* **JOSE R. ABANDO, M.D.** **04-23-03** **(386)2524208**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)