

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90419 044 \*\*\*150.00

**DOCUMENT # P02000055693**

1. Entity Name  
**ADRIAN I. J. MEDINA, M.D., INC.**



Principal Place of Business  
**15189 SURREY BEND  
SPRING HILL FL 34609**

Mailing Address  
**15189 SURREY BEND  
SPRING HILL FL 34609**



2. Principal Place of Business  
**1328 Homestead Road North**

3: Mailing Address  
**1328 Homestead Road North**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Lehigh Acres, Florida**

**Lehigh Acres, Florida**

Zip

Country

Zip

Country

**33936**

**US**

**33936**

**US**

4. FEI Number  
**01-0694605**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**SMITH, THOMAS B  
150 SECOND AVENUE NORTH  
SUITE 1100  
ST. PETERSBURG FL 33701**

## 7. Name and Address of New Registered Agent

Name  
**Adrian I.J. Medina**  
Street Address (P.O. Box Number is Not Acceptable)  
**1328 Homestead Road North**

City  
**Lehigh Acres**

**FL**

Zip Code  
**33936**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-26-03**

**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 **ADRIAN I. J. MEDINA**  
STREET ADDRESS **15189 SURREY BEND**  
CITY-ST-ZIP **SPRING HILL FL 34609**

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 **D** ☒ Change ☐ Addition  
NAME **Adrian I.J. Medina**  
STREET ADDRESS **1328 Homestead Road North**  
CITY-ST-ZIP **Lehigh Acres, FL 33936**

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-26-03**

Date

**239-368-2663**

Daytime Phone #

CR2E034 (10/02)