

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

**DOCUMENT # P02000060932**

1. Entity Name  
**PEDRO J. ARROYO, M.D., P.A.**



**10095679**

Principal Place of Business  
 1440 ARROYO VISTA DRIVE  
 DELAND, FL 32724

Mailing Address  
 1440 ARROYO VISTA DRIVE  
 DELAND, FL 32724

2. Principal Place of Business  
**1061 Medical Center Dr.**  
 Suite, Apt. #, etc.  
**Suite 203**  
 City & State  
**Orange City, FL**

3. Mailing Address  
**1061 Medical Center Dr.**  
 Suite, Apt. #, etc.  
**Suite 203**  
 City & State  
**Orange City, FL**



CHECK HERE IF MAKING CHANGES

4. FEI Number  
**04-3687182**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

ARROYO, PEDRO J  
 1440 ARROYO VISTA DRIVE  
 DELAND, FL 32724

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

SIGNATURE

Signature: typed or printed name of registered agent and date of application

(NOTE: Registered Agent's signature required when it is changed)

DATE

**FILED NOW WITH REGISTRATION**  
**ANY MAY 2003 FEE WILL BE \$50.00**  
**MAILED CHECK PAYABLE TO FLORIDA DEPARTMENT OF STATE**

9. Election Campaign Financing  
 Trust Fund Contribution:  **\$5.00 May Be Added to Fee**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	ARROYO, PEDRO J	1440 ARROYO VISTA DRIVE	DELAND, FL 32724	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE/TIME/PHONE #

**4813 356-710-2008**

CR2E034 (10/02)