

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90261 003 ***158.75

DOCUMENT # P02000075539

1. Entity Name
ANTHONY L. CABREIRA, M.D., P.A.



Principal Place of Business
**201 N LAKEMONT AVE
WINTER PK FL 32792**

Mailing Address
**201 N LAKEMONT AVE
WINTER PK FL 32792**



2. Principal Place of Business
**@ 201 n lakemont ave
suite 700**

3. Mailing Address
**201 N Lakemont Ave
suite 700**

☐ CHECK HERE IF MAKING CHANGES

City & State
Winter Park FL

City & State
Winter Park FL

4. FEI Number
74-3053103

Applied For
Not Applicable

Zip
32792

Country
USA

Zip
32792

Country
USA

5. Certificate of Status Desired ☒ *

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CABREIRA, ANTHONY L M.D.
201 N LAKEMONT AVE
WINTER PK FL 32792**

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 *Anthony L. Cabreira*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/25/03**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CABREIRA, ANTHONY L M.D. 201 N LAKEMONT AVE WINTER PK FL 32792	<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
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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:

Anthony L. Cabreira
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/03

Date

Daytime Phone # **407-645-0503**

CR2034 (10/02)