

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

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90235 037 \*\*\*150.00

DOCUMENT # P02000094659

1. Entity Name

Octavio Carreno, M.D. P.A.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1555 Kingsley Avenue

3. Mailing Address  
1555 Kingsley Avenue

Suite, Apt. #, etc.  
604&605

Suite, Apt. #, etc.  
604&605

City & State  
Orange Park, FL

City & State  
Orange Park, FL

Zip  
32073

Country  
USA

Zip  
32073

Country  
USA

4. FEI Number  
32-0043362

Applied For  
Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
John F. Tolson, Jr.

Street Address (P.O. Box Number is Not Acceptable)  
462 Kingsley Ave., Suite 101

City  
Orange Park FL Zip Code  
32073

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)

2/19/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

President/ Octavio Carreno M.D.  
1555 Kingsley Avenue  
Orange Park, FL 32073

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, without other like information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PRESIDENT

19 Feb 03 (909) 269-6101

CR2E034B (12/02)