

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000006081

1. Entity Name

LETTY M. VILLA, M.D., P.A.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90269 021 ***150.00

Principal Place of Business

1150 CAMPO SAND AVE
 STE ~~400~~ 420
 CORAL GABLES FL 33146
 US

Mailing Address

1150 CAMPO SAND AVE
 STE ~~400~~ 420
 CORAL GABLES FL 33146-1174
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 420

Suite, Apt. #, etc.

Suite 420

City & State

City & State

4. FEI Number

65-0384516

Applied For

Not Applicable

Zip

Country

Zip

Country

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

VILLA, LETTY M MD
 1150 CAMPO SAND AVE.
 STE ~~400~~ 420
 MIAMI FL 33146

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VILLA, LETTY M
 1150 CAMPO SAND AVE, STE ~~400~~ 420
 CORAL SPRINGS FL 33146

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

13. 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 11 or Block 12 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

4/4/00

Daytime Phone #

CR2E034 (9/99)