2001 UNIFORM BUSINESS REPORT (UBR)

AND TYPED OR PRINTED

Apr 26, 2001 8:00 am Secretary of State DOCUMENT # **P93000021741** CORTEZ FAMILY CLINIC, P.A. 04-26-2001 90090 016 ***150.00 Principal Place of Business Mailing Address 5591 CORTEZ ROAD WEST P.O. BOX 14520 **BRADENTON FL 34280 BRADENTON FL 34280** 2. Principal Place of Business 3. Mailing Address - Suite, Apt. #, etc. DO NOT-WRITE-IN-THIS SPACE-Suite, Apt. #, etc _ _ City & State City & State 4. FEI Number Applied For 65-0411817 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NARVAEZ, ADOLFO L Street Address (P.O. Box Number is Not Acceptable) 5591 CORTEZ RD WEST **BRADENTON FL 34280** Zip Code City 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 it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 DPST ☐ Change ☐ Addition ☐ Delete TITLE TITLE NARVAEZ, ADOLFO L NAME NAME 5591 CORTEZ ROAD WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34280** ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7tP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-71P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.