

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 MAY 16 PM 2:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P930000064347**  
1. Entity Name  
*Manatee Family Medicine, P.A.*

Principal Place of Business Mailing Address  
*Riverlandings Medical Centre  
5460 63rd ST E.  
Bradenton, FL 34203*

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. # etc  
City & State City & State  
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **05-044778** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
*Don B. Weinbren ATTN  
Flewan & Kenker  
101 E. Kennedy Blvd Suite 2700*

7. Name and Address of New Registered Agent  
Name *Luis A. Urrutia*  
Street Address (PO Box Number is Not Acceptable) *958 Sandpiper Circle*  
*Bradenton FL 34209*

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]* DATE *4-28-2000*  
Signatures should be typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent's name and address are required.)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so   
10. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

11. OFFICERS AND DIRECTORS

TITLE	<i>Luis A Urrutia president</i>	<input type="checkbox"/> Delete
NAME	<i>Luis A Urrutia</i>	
STREET ADDRESS	<i>958 Sandpiper Circle</i>	
CITY-ST-ZIP	<i>Bradenton, FL 34209</i>	
TITLE	<i>ASST</i>	<input type="checkbox"/> Delete
NAME	<i>Don B Weinbren ATTN</i>	
STREET ADDRESS	<i>101 E. Kennedy Blvd Suite 2700</i>	
CITY-ST-ZIP	<i>Tampa, FL 33602</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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\*\*\*\*158.75 \*\*\*\*158.75

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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]* DATE *4-28-2000* (941) 758-0492  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR