## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 18, 2002 8:00 am P93000064347 DOCUMENT # **Secretary of State** 1. Entity Name 03-18-2002 90041 007 \*\*\*150.00 MANATEE FAMILY MEDICINE, P.A. Mailing Address Principal Place of Business 5460 63RD ST. E 5460 63RD ST. E **BRADENTON FL 34203 BRADENTON FL 34203** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0447748 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name URRUTIA, LUIS A Street Address (P.O. Box Number is Not Acceptable) 958 SAUDPIPER CIRCLE **BRADENTON FL 34209** 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE URRUTIA, LUIS A NAME NAME STREET ADDRESS 958 SAUDPIPER CIRCLE STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34209** CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME WEINBREW, DON B NAME STREET ADDRESS 101 E. KENNEDY BLVD., SUITE 2700 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33602** ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

with all other like empowered

changed, or on an attachment with an address

SIGNATURE:

**FILED** 

CR2E034 (9/01)