

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

0546989 AV

04-28-2003 91428 008 \*\*\*150.00

**DOCUMENT # P93000064347**



1. Entity Name  
**MANATEE FAMILY MEDICINE, P.A.**

Principal Place of Business  
**5460 63RD ST. E  
BRADENTON FL 34203**

Mailing Address  
**5460 63RD ST. E  
BRADENTON FL 34203**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0447748**

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

**URRUTIA, LUIS A  
958 SAUDPAPER CIRCLE  
BRADENTON FL 34209**

Name **URRUTIA, LUIS A.**

Street Address (P.O. Box Number is Not Acceptable)

**6101 34th STE**

**Unit 27E**

City **Bradenton**

FL

Zip Code **34210**

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)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

**P**  
**URRUTIA, LUIS A**  
**958 SAUDPAPER CIRCLE**  
**BRADENTON FL 34209**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

**P**  
**URRUTIA, LUIS A.**  
**6101 34th ST W. Unit 27E**  
**Bradenton, FL 34210**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

**A**  
**WEINBREW, DON B**  
**101 E. KENNEDY BLVD., SUITE 2700**  
**TAMPA FL 33602**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

**Weinbrew, Don B**  
**Same Address**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**x 4-15-2003 (941) 758-0482**  
Date Daytime Phone #

CR2E034 (10/02)