

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90018 027 ***150.00

DOCUMENT # P94000005257

1. Entity Name

GUILLERMO ABESADA-TERK, JR. M.D., P.A.

Principal Place of Business

Mailing Address

**309 E OSCEOLA STREET
SUITE 203
STUART FL 34994**

**309 E OSCEOLA STREET
SUITE 203
STUART FL 34994**

2. Principal Place of Business

501 E Osceola Street

3. Mailing Address

501 E Osceola Street

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Stuart, FL

City & State

Stuart, FL

4. FEI Number

65-0461041

Applied For

Not Applicable

Zip

34994

Country

USA

Zip

34994

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPRINKLE, PHILIP M II
777 S FLAGLER DRIVE
SUITE 900
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name

Nancy Romfh Schlichting

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

777 S. Flagler Drive

Suite 900

City

West Palm Beach

FL

Zip Code

33401

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)

2-5-01

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, 2001 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

TITLE **PVTD** ☐ Delete
NAME **ADESSADA-TERK, GUILLERMO J**
STREET ADDRESS **309 E. OSCEOLA ST., SUITE 203**
CITY-ST-ZIP **STUART FL 34994**

TITLE **PVTD** ☐ Delete
NAME **ADESSADA-TERK, CHRISTINE J**
STREET ADDRESS **309 E. OSCEOLA ST., SUITE 203**
CITY-ST-ZIP **STUART FL 34994**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVTD** ☒ Change ☐ Addition
NAME **ABESADA-TERK, Guillermo Jr**
STREET ADDRESS **501 E. Osceola St., Suite 300**
CITY-ST-ZIP

TITLE **S** ☒ Change ☐ Addition
NAME **Abesada-Terk, Christine M**
STREET ADDRESS **501 E. Osceola St., Suite 300**
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

Date

Daytime Phone #

1/24/01 (561)223-5952

CR2E034 (10/00)