

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90027 001 ***150.00

DOCUMENT # P94000014184

1. Entity Name

JUAN ROSARIO, M.D. P.A.

Principal Place of Business

Mailing Address

8316 HANLEY RD.
 SUITE 3
 TAMPA FL 33634

8316 HANLEY RD.
 SUITE 3
 TAMPA FL 33615-1599

2. Principal Place of Business

7520 W. WATERS AVE.

3. Mailing Address

7520 W. WATERS AVE.

Suite, Apt. #, etc.
SUITE 19

Suite, Apt. #, etc.
SUITE 19

City & State
TAMPA, FL

City & State
TAMPA, FL

Zip Country
33615-1599 USA

Zip Country
33615-1599

4. FEI Number **59-3156362**

Applied For
 Not Applicable

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

ROSARIO, JUAN MD
8316 HANLEY RD.
SUITE 3
TAMPA FL 33634

Name **ROSARIO, JUAN MD**

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

7520 W. WATERS AVE

SUITE 19

City **TAMPA**

FL Zip Code **33615**

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

Juan Rosario

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-17-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **DP ROSARIO, JUAN MD**
 STREET ADDRESS **8316 HANLEY RD., SUITE 3**
 CITY-ST-ZIP **TAMPA FL 33634**

TITLE Change Addition
 NAME **ROSARIO, JUAN MD**
 STREET ADDRESS **7520 W. WATERS AVE., SUITE 19**
 CITY-ST-ZIP **TAMPA, FL 33615**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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:

Juan Rosario

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-00

Date

813 886 9597

Daytime Phone #