

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

0340275

DOCUMENT # P94000042561

1. Entity Name
EDWIN M. MELENDEZ, M.D., P.A.

02-19-2001 90051 036 ***150.00

Principal Place of Business Mailing Address
4602 N ARMENIA AVE SUITE D.3 TAMPA FL 33603 **4602 N ARMENIA AVE SUITE D 3 TAMPA FL 33603-2624**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. **2509 West Crest Ave.** Suite, Apt. #, etc. **2509 West Crest Ave.**

DO NOT WRITE IN THIS SPACE

City & State **Tampa, Florida 33614 (813)878-2105** City & State **Tampa, Florida 33614 (813)878-2105**

4. FEI Number **59-3251533** 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

MELENDEZ, EDWIN M MD
4602 N ARMENIA AVE SUITE D 3
TAMPA FL 33603

Name **EDWIN M. MELENDEZ M.D.**
 Street Address (P.O. Box Number is Not Acceptable) **Surgery of the Hand & Upper Extremity**
2509 West Crest Ave.
Tampa, Florida 33614 FL Zip Code **(813)878-2105**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD MELENDEZ, EDWIN M 4602 N ARMENIA AVENUE, STE D-3 TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2509 West Crest Ave. Tampa, Florida 33614 (813)878-2105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MELENDEZ, CARMEN M 4602 N ARMENIA AVE., STE D-3 TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2509 West Crest Ave. Tampa, Florida 33614 (813)878-2105 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 # _____

CR2E034 (10/00)