

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90133 026 ***150.00

DOCUMENT # P94000063300

1. Entity Name
CARLOS A. UNZUETA, M.D., P.A.



Principal Place of Business
**1204 CARLTON AVE.
LAKE WALES FL 33853**

Mailing Address
**1204 CARLTON AVE.
LAKE WALES FL 33853**

2. Principal Place of Business

1204 Carlton Ave

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Lake Wales FL

City & State

SAME

Zip

33853

Country

USA

Zip

SAME

Country

SAME

4. FEI Number **59-3268130**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**UNZUETA, CARLOS A
1204 CARLTON AVE.
LAKE WALES FL 33853**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

2-17-03

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

TITLE **D** ☐ Delete
NAME **UNZUETA, CARLOS A**
STREET ADDRESS **1204 CARLTON AVE.**
CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE ☐ Delete
NAME **SAME**
STREET ADDRESS **SAME**
CITY-ST-ZIP **SAME**

TITLE ☐ Delete
NAME **SAME**
STREET ADDRESS **SAME**
CITY-ST-ZIP **SAME**

TITLE ☐ Delete
NAME **SAME**
STREET ADDRESS **SAME**
CITY-ST-ZIP **SAME**

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NAME **SAME**
STREET ADDRESS **SAME**
CITY-ST-ZIP **SAME**

TITLE ☐ Delete
NAME **SAME**
STREET ADDRESS **SAME**
CITY-ST-ZIP **SAME**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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NAME **SAME**
STREET ADDRESS **SAME**
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STREET ADDRESS **SAME**
CITY-ST-ZIP **SAME**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-03

Date

Daytime Phone #

CR2E034 (10/02)