

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P94000071591

1. Entity Name

JOHN A. HUGHES-PAPSIDERO, D.O., P.A.



03 OCT 31 PM 4:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
5701 OVERSEAS HWY

3. Mailing Address  
P.O. BOX 510787

Suite, Apt. #, etc.  
SUITE 3

Suite, Apt. #, etc.

City & State  
MARATHON, FL

City & State  
KEY COLONY BEACH, FL

Zip  
33051

Country  
USA

Zip  
33051

Country  
USA

4. FEI Number  
65-0531635

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name MILLER, ROBERT K.

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

2975 OVERSEAS HWY

City MARATHON

FL Zip Code  
33050

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
HUGHES-PAPSIDERO, JOHN A.  
5701 OVERSEAS HWY, # 3  
MARATHON, FL 33051

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Hughes-Papsidero

Date

Daytime Phone #

10/23/03 954-796-

8560

ext 25

CR2E034B (12/02)

**JOHN A. SMITH, P.A.**

**CERTIFIED PUBLIC ACCOUNTANT**

MEMBER:

AMERICAN INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS  
FLORIDA INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS

10231 WEST SAMPLE ROAD  
CORAL SPRINGS PROFESSIONAL CENTER  
CORAL SPRINGS, FL 33065  
(954) 796-8560

October 20, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

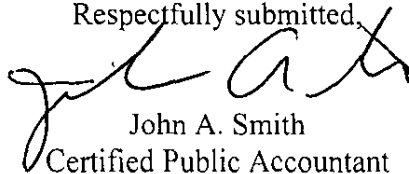
**Re: John A. Hughes-Papsidero, D.O., P.A. # P94000071591**

Dear Sir or Madam,

I am writing you about the above corporation. The corporation recently received a second notice on its 2003 Uniform Business Report. The original Uniform Business Report was mailed together with payment on April 14, 2003. Since the report was hand delivered to the United States Post Office, we assumed that it would be delivered timely. This is the first notice that we have had that indicated there was a problem.

At this time we are respectfully requesting that the \$ 400 penalty be waived. In the future we will be sure to send them certified to insure that they will not be lost in the mail.

Respectfully submitted,

  
John A. Smith  
Certified Public Accountant