

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000040296

1. Entity Name

MEDICAL AND GERIATRIC ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
911 NORTH CENTRAL AVENUE KISSIMMEE, FL 34741	911 NORTH CENTRAL AVENUE KISSIMMEE, FL 34741

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3328509 **Applied For** ☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

MARIO R. SOBRINO, M.D.
911 NORTH CENTRAL AVENUE
KISSIMMEE, FL 34741

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.

SIGNATURE  **Mario R. Sobrino, M.D.** **10/15/01**

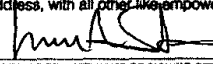
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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	P, S, T MARIO R. SOBRINO, M.D. 911 NORTH CENTRAL AVENUE KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	000004717320-8 -12/10/01--01110--001 ***\$150.00 *** <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **10/15/01 (407) 933-2690**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mario R. Sobrino, M.D., President

Date Daytime Phone #

192

FILED
01 NOV -1 PM 5:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

CR5034 (1/1/00)

2022
DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P. A.

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November 5, 2001

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

ATTENTION: Reinstatements Section

Re: Medical and Geriatric Associates, P.A.
Document No. P95000040296

Dear Sir or Madam:

Please find enclosed the **2001 Uniform Business Report** for the above corporation, which was administratively dissolved by your office on September 21, 2001 for failure to file the 2001 Report. Also enclosed is a **check for \$150.00** to cover the filing fee. Our client has advised us that the corporation did not receive the Uniform Business Report form for 2001, or any notification that the filing was due. Accordingly, we are requesting that the reinstatement fee be waived.

Please call if you have any questions. Thank you for your consideration and assistance.

Sincerely,



Linda Smith, Paralegal for
Robert W. Mead, Jr.

Is
Enclosure

cc: Mario R. Sobrino, M.D.
Joe E. Perez, C.P.A. (with enclosure)