

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2002 8:00 am
Secretary of State

08-27-2002 90119 009 ***550.00

DOCUMENT # P95000040296

1. Entity Name
MEDICAL AND GERIATRIC ASSOCIATES, P.A.

Principal Place of Business

**911 N. CENTRAL AVENUE
KISSIMMEE FL 34741**

Mailing Address

**911 N. 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

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

7. Name and Address of New Registered Agent

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

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	<input type="checkbox"/> Delete
	PST			
	SOBRINO, MARIO R M.D.	911 N. CENTRAL AVENUE	KISSIMMEE FL 34741	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

CR2E034 (4/02)

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/29/02

407-933-2690

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

Attachment

DOCUMENT #

1. Entity Name

Medical and Geriatric Associates

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

911 N. Central Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

4. FEI Number

593328509

Applied For

Not Applicable

Zip

Country

Zip

Country

34741

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Medical and Geriatric Associates

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

911 N. Central Ave.

City

Kissimmee

FL

Zip Code

34741

**DO NOT WRITE
IN THIS SPACE**

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SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Mario Sobrino, M.D.
911 N. Central Ave.
Kissimmee, FL 34741

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

5/25/02

Attachment

9/20/11

#P9500004029

MEDICAL & GERIATRIC ASSOCIATES, P.A.
911 N. CENTRAL AVENUE
KISSIMMEE, FL 34741
(407) 933-2690

63-215/631

6/14/2002

5419

267
TO THE
ORDER OF

Department of State

One Hundred Fifty and 00/100*****

Department of State

\$ **150.00

DOLLARS

AEMO

FEI#593328509

005419 063102152104747433311

AUTHORIZED SIGNATURE

[Signature]