

02-03

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

DOCUMENT # p95000068117

1. Entity Name

Jose E. Alvarez, M.D., P.A.



FILED

03 JUN 10 PM 12:25

SEAL OF THE STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7001 N. Dale Mabry Hwy

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A

Tampa, FL

City & State

Zip
33614

Country
United States

Zip

Country

4. FEI Number 593330948

Applied For

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

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Jose E. Alvarez, M.D., P.A.

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

7001 N Dale Mabry Hwy Ste A

City Tampa

Zip Code
33614

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 registering)

DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE director
NAME Jose E. Alvarez M.D, P.A.
STREET ADDRESS 7001 N. Dale Mabry Hwy Ste A
CITY-ST-ZIP Tampa FL 33614

500020692485
06/03/03--01087--010 **450.00

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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.

Jose E. Alvarez MD, PA 6/4/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

21 6110



Jose E. Alvarez B., M.D.

7001 N. DALE MABRY, SUITE A
TAMPA, FL 33614
TELEPHONE: (813) 932-2848
FAX: (813) 932-3639

June 4, 2003

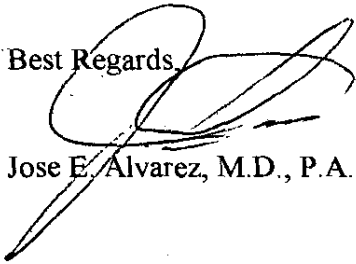
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Uniform Business Report

To Whom It May Concern:

I am writing this letter to request the reinstatement fees be waived. The forms needed in order file this report in 2001 were never received by my office. Thank you for your cooperation and sorry for any confusion this may have caused. If you have any questions please do not hesitate to contact my office.

Best Regards,


Jose E. Alvarez, M.D., P.A.