

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 24, 2001 8:00 am
Secretary of State

08-24-2001 90043 044 ***550.00

0143582 SP

DOCUMENT # P95000073804

1. Entity Name

ARROGANTE OB/GYN ASSOCIATES, P.A.

Principal Place of Business

**1199 SOUTH MIAMI STREET
 SUITE 5
 BELLE GLADE FL 33430**

Mailing Address

**1199 SOUTH MIAMI STREET
 SUITE 5
 BELLE GLADE FL 33430**

2. Principal Place of Business

1100 SOUTH MAIN ST

3. Mailing Address

1100 SOUTH MAIN ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State **BELLE GLADE, FLORIDA**

City & State **BELLE GLADE, FLORIDA**

4. FEI Number **65-0608114**

Applied For

Not Applicable

Zip **33430-4910**

Country **U.S.A.**

Zip **33430-4910**

Country **U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ARROGANTE, CARLITO
 702 SOUTH LAKESIDE DR
 LAKEWORTH FL 33460**

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

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 12, 2001 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

TITLE **P** ☐ Delete
 NAME **ARROGANTE, CARLITO**
 STREET ADDRESS **702 S LAKESIDE DR**
 CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **V** ☐ Delete
 NAME **ARROGANTE, RACHEL**
 STREET ADDRESS **702 S LAKESIDE DR**
 CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

RACHEL A. ARROGANTE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(Vice Pres.) 8/20/2001

(561) 996-4440

CR2E034 (5/01)