2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000008671



FILED

1. Entity Nan JUAN J.		M.D., P.A.							02-2	8-2003 9	90122)37 **	*150.	.00	
Principal Place of Business 800 CENTURY MEDICAL DR STE A TITUSVILLE FL 32796 2. Principal Place of Business			Mailing Address 800 CENTURY MEDICAL DR STE A TITUSVILLE FL 32796 3. Mailing Address												
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES							
City & State			City & State				4. FEI Numbe			35 1924			-	plied For t Applicable	
Zìp		Country	Zìp		Count	try		5. Certi	ficate of Status	Desired			75 Add Require		
	6. Name	and Address of Current	Registered Ag	gent			•	7. Nam	e and Address	of New Re	gistered	Agent			
DEDET :		n man		. · .		Name					•				1
PEREZ, JUAN J M.D. 800 CENTURY MEDICAL DR. SUITE A						Street Add	dress (P.C	D. Box N	lumber is Not A	cceptable)	 				
TITUSVILI	LE FL 32790	6													7
W _k						City			 <u>-</u>		F	L Z	ip Code	e	1
	e named entity tions of regist	y submits this statement fo tered agent.	r the purpose	of changing its r	egistere	ed office or re	egistered	agent,	or both, in the S	tate of Flor	ida. Lan	n familia	ır with,	and accept	
SIGNATURE	S:														ì
			and water of the community of	A LOTE	D										
	Signature, typed	or printed name of registered agent	and title if applicable	. (NOTE:	Registered	d Agent signature	required wh	en reinstati	ng)		DATE				
Afte	ILE NOW!! r May 1, 200	!! FEE IS \$150.00 03 Fee will be \$550.00). (NOTE:	Registered	d Agent signature	a required wh		ng) 9. Election Can Trust Fund C		ancing			O May Be to Fees	
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12. I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS