

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1052

DOCUMENT # P96000039469

1. Entity Name

Option Center, Inc.

FILED

02 SEP 26 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
211 4th Avenue North
Suite, Apt. #, etc.

3. Mailing Address
211 4th Avenue North
Suite, Apt. #, etc.

5/16/02 90056 047 150.00

DO NOT WRITE IN THIS SPACE

City & State
St. Petersburg, FL
Zip
33701

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St. Petersburg, FL
Zip
33701

4. FEI Number
59-3425819

Applied For
Not Applicable

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
Gisela Garcia-Leyva, M.D.
Street Address (P.O. Box Number is Not Acceptable)
211 4th Avenue North

City St. Petersburg FL Zip Code 33701

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 reappointing)

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
President
Gisela Garcia-Leyva
211 4th Avenue North
St. Petersburg, FL 33701

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/24/02

Title

Daytime Phone #

CR2E034B (12/01)

Certified Public Accountants

Max M. Strawn, CPA 1927-1994

John Charles Marshall, CPA
Monica L. Cunningham, CPA
Kathleen M. Condon, CPA
Gary R. Sweat, CPA

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

We are respectfully requesting that all late fees and penalties be waived.

Monica L. C.

Monica L. Cunningham, C.P.A.

*MLC/kil

Enclosure