## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## DOCUMENT # P97000012480

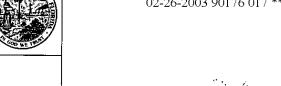
1. Entity Name

THE DOCTORS OF MANATEE, P.A.



## FILED Feb 26, 2003 8:00 am Secretary of State

02-26-2003 90176 017 \*\*\*150.00



Principal Place of Business 300 RIVERSIDE DRIVE EAST STE 2100 BRADENTON FL 34208 US 2. Principal Place of Business		Mailing Address 300 RIVERSIDE DRIVE EAST STE 2100 BRADENTON FL 34208 US 3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		000741070	Applied For Not Applicable	
Zip	Country	Zìp	Country	5. Certificate of Status Desired S8.75 Ado Fee Require	litional	
-	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
JACOBS, RICHARD O			Name Street A			
13577 FEATHER SOUND DRIVE SUITE 300				Addisse (1.0. box National is Not Acceptable)		
CLEARWATER FL 34208		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						
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State				9. Election Campaign Financing\$5.00	May Be to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	P CALZADILLA, RAFAEL J. M 2523 89TH ST, NW BRADENTON FL 34209	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ESTEVEZ, FRANCISCO A. M 5404 60TH ST, E BRADENTON FL 34203	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AKIAS, CARLOS MD 7304 18TH AVE NW BRADENTON FL 34209	Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Change =	Addition -	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	

2. 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 Block 11 if changed, or on an attachment with an address, with all other like provided.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date

Daytime Phone #