

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90079 012 ***150.00

MD0514 AV

DOCUMENT # **P97000029086**

1. Entity Name
LEONARDO VICTORES, M.D., P.A.

Principal Place of Business

1800 W. 49TH ST.
 #205
 HIALEAH FL 33012

Mailing Address

1800 W. 49TH ST.
 #205
 HIALEAH FL 33012

DUU44000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2885 TAMiami TRAIL
 Suite, Apt., etc.
Suite 217

3. Mailing Address

P.O. Box 512697
 Suite, Apt., etc.

City & State
Port Charlotte, FL

City & State
Punta Gorda, FL

4. FEI Number **65-0741537**

Applied For
 Not Applicable

Zip
33952

Country
Charlotte

Zip
339512697

Country
Charlotte

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

6. Name and Address of Current Registered Agent

VICTORES, DANIA
 1800 W. 49TH ST.
 #205
 HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name **Dania Victores**
 Street Address (P.O. Box Number is Not Acceptable)
2885 TAMiami TRAIL
Suite 217
 City **Port Charlotte** FL Zip Code **33952**

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]*

DATE **1/28/2002**

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD VICTORES, LEONARDO M.D. 1800 W. 49TH ST. #205 HIALEAH FL 33012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VICTORES, LEONARDO M.D. 2885 TAMiami TRAIL, Suite 217 Port Charlotte FL 33952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **Leonardo Victores** 1/28/2002 941-627-0033
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)