

FROM : JOHN C. LANDOLFI, CPA PHONE NO. : 813 877388


FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90175 028 ***150.00

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000030521

1. Entity Name
FRANCISCO E. AREVALO, D.M.D., P.A.



Principal Place of Business Mailing Address
6546 Gunn Hwy Tampa, FL 33625 **6546 Gunn Hwy Tampa, FL 33625**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3428522** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
AREVALO, PATRICIA I
6546 Gunn Hwy
TAMPA, FL 33625

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL Zip Code _____

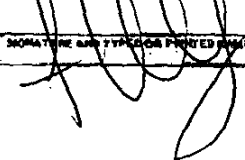
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent's signature required when changing) DATE _____

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AREVALO, FRANCISCO E 6546 Gunn Hwy Tampa, FL 33625	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD AREVALO, PATRICIA I 6546 Gunn Hwy Tampa, FL 33625	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 another like empowered.

SIGNATURE:  **OMD, PA.** 5/1/03

CR2004 (10/02)