

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000069788

FILED  
Jan 11, 2003  
Secretary of State

Entity Name: RAFAEL ANTUN, M.D., P.A.

**Current Principal Place of Business:**

1321 N.W. 14TH STREET  
SUITE 303  
MIAMI, FL 33125

**New Principal Place of Business:**

**Current Mailing Address:**

1321 N.W. 14TH STREET  
SUITE 303  
MIAMI, FL 33125

**New Mailing Address:**

FEI Number: 65-0773432      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PANUNZI, MARIA  
1321 N.W. 14TH STREET  
SUITE 303  
MIAMI, FL 33125 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ANTUN, RAFAEL M.D.  
Address: 9355 S.W. 93RD PLACE  
City-St-Zip: MIAMI, FL 33176

Title: ST ( ) Delete  
Name: ANTUN, MAYDA C MD  
Address: 9355 SW 93RD PL  
City-St-Zip: MIAMI, FL 33176

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V ( ) Change (X) Addition  
Name: ANTUN, RAFAEL A  
Address: 9355 SW 93RD PL  
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAYDA C. ANTUN, M.D.

ST

01/11/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date