

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000103657

1. Entity Name

CARMELITA O. NICDAO, M.D., P.A.

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90005 009 \*\*\*150.00

Principal Place of Business

Mailing Address

2850 GRANADA BLVD  
KISSIMMEE FL 34746

2850 GRANADA BLVD  
KISSIMMEE FL 34746-3536

2. Principal Place of Business

3. Mailing Address

~~720 W. Oak Street~~  
Suite, Apt. #, etc.

~~720 W. Oak Street~~  
Suite, Apt. #, etc.

Suite 302

Suite 302

City & State

City & State

Kissimmee, Fl

Kissimmee, Fl

Zip

Country

Zip

Country

34741

Osceola

34741

Osceola

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NICDAO, CARMELITA O M.D.  
2850 GRANADA BLVD  
KISSIMMEE FL 34746

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.

SIGNATURE Carmelita O. Nicdao, M.D., Pres.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Jan. 7, 2000

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing ☐ **\$5.00 May Be**  
Trust Fund Contribution. **Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
D	NICDAO, CARMELITA O	2850 GRANADA BLVD	KISSIMMEE FL 34746	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: Carmelita O. Nicdao, M.D., Pres.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 7, 2000

407-931-3003

DATE

CR2E034 (9/99)