

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90309 014 ***150.00

DOCUMENT # P98000005489



1. Entity Name
BARROS FAMILY HEALTH CARE, P.A.

Principal Place of Business
**1690 USI SOUTH
C
ST AUGUSTINE FL 32086**

Mailing Address
**1690 USI SOUTH
C
ST. AUGUSTINE FL 32086**

90012854



2. Principal Place of Business

1301 PLANTATION ISLAND DR. SOUTH

3. Mailing Address

SAME

Suite, Apt. #, etc.
Suite 102 B

Suite, Apt. #, etc.
SAME

CHECK HERE IF MAKING CHANGES

City & State
St. Augustine, FL.

City & State
SAME

4. FEI Number
59-3488583

Applied For
Not Applicable

Zip
32080

Country
USA

Zip
SAME

Country
USA

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

6. Name and Address of Current Registered Agent

**BARROS, ANA
1690 U S 1 SOUTH, STE C
ST. AUGUSTINE FL 32086**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	BARROS, MELCHOR G M.D.	
STREET ADDRESS	1690 USI SUITE C	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/03 (904) 824-7076
Date Daytime Phone #

CR2E034 (10/02)

ATTACHMENT

90012854



BARROS
Family Health Care, P.A.

Melchor G. Barros, M.D.
Board Certified Family Practice

P98000005489

NEW OFFICE AND BILLING ADDRESS

BARROS FAMILY HEALTH CARE P.A.

1301 PLANTATION ISLAND DRIVE SOUTH
SUITE 102 B
SAINT AUGUSTINE, FL. 32080

Harbour Island Executive Business Center
(just after 312 bridge next to allegro)

starting March 2003