2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State
05-15-2001 90036 023 ***150.00

DOCUMENT # P98000014900

1. Entity Name

CECILIO TORRES-RUIZ, M.D., P.A.

Principal Place of Business	Mailing Address
4545 PLEASANT HILL ROAD SUITE 112 KISSIMMEE FL 34759	4545 PLEASANT HILL ROAD SUITE 112 KISSIMMEE FL 34759

975128

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-3499726 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TORRES, ROSEMARY
3970 HUNTER'S ISLE DR.
ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name Cecilio Torres-Ruiz

Street Address (P.O. Box Number is Not Acceptable) 4545 Pleasant Hill Rd Ste 112

~~Kissimmee, FL~~

City Kissimmee **FL** Zip Code 34759

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 (Cecilio Torres-Ruiz) 4.30.01
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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST TORRES-RUIZ, CECILIO 4545 PLEASANT HILL ROAD SUITE 112 KISSIMMEE FL 34759 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: 4/30/01 (407) 933-7900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Cecilio Torres-Ruiz) Date Daytime Phone #