FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91843 042 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015652

1. Entity Name
ROLANDO J. MENENDEZ, M.D., P.A.

90129659

Principal Place of Business	Mailing Address
608 SOUTH 9TH ST LEESBURG, FL 34748	608 SOUTH 9TH ST LEESBURG, FL 34748

2. Principal Place of Business	3. Mailing Address
733 N. THIRD STREET	733 N. THIRD STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LEESBURG FL	City & State: LEESBURG FL
Zip: 34748 Country: LAKE	Zip: 34748 Country: LAKE

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3493552 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MENENDEZ, ROLANDO J
608 SOUTH 9TH ST
LEESBURG, FL 34748

7. Name and Address of New Registered Agent

Name ROLANDO J MENENDEZ
Street Address (P.O. Box Number is Not Acceptable) 733 N. THIRD STREET
City LEESBURG FL Zip Code 34748

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 X [signature] X 4/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MENENDEZ, ROLANDO J MD 1300 CEBALLO ROAD LEESBURG, FL 34748 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: X [signature] X 4/30/03 X 352-315-2221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #