2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

2. Principal Place of Business

4730 N HABANA AVE

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

SUITE #204

TAMPA FL 33614

P98000022473

Mailing Address

TAMPA FL 33614

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

SUITE #204

4730 N HABANA AVE

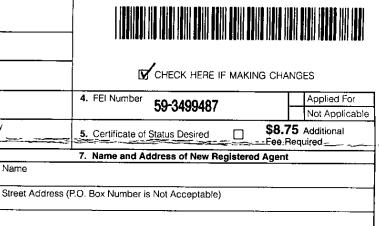
1. Entity Name

JOSE R. FORADADA, III, M.D., P.A.



FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90168 011 ***150.00



DATE

IDOLFI, JOHN C
0 DE LEON ST
1PA FL 33609

Country

6. Name and Address of Current Registered Agent

8. The above na	imed entity submits this statement for the	ne purpose of changing its registere	ed office or registered agent,	or both, in the State of Florida.	I am familiar with, and accept
the obligation	s of registered agent.				

(NOTE: Registered Agent signature required when reinstating)

City

Name

Country

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Check Payable to Elevida Department of

9.	Election Campaign Financing
	Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

THE NO OTHER	trajable to Florida Department of State				ļ					- 1
10.	OFFICERS AND DIRECTORS		11.	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR					DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FORADADA III, JOSE R. MDPA 4730 N HABANA AVE SUITE #204 TAMPA FL 33614	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP						Change , Suite	Addition
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I hereby certify that the information supplied with this filling 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 truster 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 oddress, with at provider of the provider of the corporation of the corporat

SIGNATURE:

REQUIRED SIGNATURE AND TYPED C RINTED NAME OF SIGNING OFFICER OR DIRECTOR