

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000027059**

1. Entity Name

RONALD MALAVE M.D., PA**FILED****May 03, 2001 8:00 am**
Secretary of State

05-03-2001 91141 048 ***150.00

Principal Place of Business

**2425 S VOLUSIA AVE
STE B-1
ORANGE CITY FL 32763**

Mailing Address

**2425 S VOLUSIA AVE
STE B-1
ORANGE CITY FL 32763****000407J1**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3500891

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MALAVE, RONALD MD
2425 S VOLUSIA AVE STE B-1
ORANGE CITY FL 32763**

Name

RONALD MALAVE, M.D.

Street Address (P.O. Box Number is Not Acceptable)

2425 S. VOULUSIA AVE, STE B-1

City

ORANGE CITY**FL**

Zip Code

32763

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

RONALD MALAVE, M.D.

04/16/01

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
MALAVE, RONALD MD
2425 S VOLUSIA AVE, STE B-1
ORANGE CITY FL 32763**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

RONALD MALAVE, M.D.

Date

Daytime Phone #

CR2E034 (10/00)