

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90123 004 ***150.00

DOCUMENT # P98000043398

1. Entity Name

JAIRO R. NUNEZ, M.D., P.A.



Principal Place of Business

1485 S. SEMORAN BLVD.
BUILDING 6, SUITE 1454
WINTER PARK FL 32792

Mailing Address

1485 S. SEMORAN BLVD.
BUILDING 6, SUITE 1454
WINTER PARK FL 32792

2. Principal Place of Business

3. Mailing Address

Suit Jairo R. Nunez, M.D., P.A.
Lakeview Office Park
1485 S. Semoran Blvd., Ste. 1454, Bldg. 6
City Winter Park, FL 32792

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3511391

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HEEKIN, JAMES F JR. ESQ
.215 N. EOLA DRIVE
ORLANDO FL 32801

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 *Jairo R. Nunez*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

21/FEB/2003

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUNEZ, JAIR R M.D. 1485 S. SEMORAN BLVD. BLDG 6, SUITE 1454 WINTER PARK FL 32792	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jairo R. Nunez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24/FEB/2003 - (407) 671-2258
Date Daytime Phone #