

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90272 003 ***150.00

DOCUMENT # P98000054708

1. Entity Name
RICARDO A. BEDOYA, M.D., P.A.

Principal Place of Business
3801 PGA BLVD
SUITE 607
WEST PALM BEACH FL 33410

Mailing Address
3801 PGA BLVD
SUITE 607
WEST PALM BEACH FL 33410

2. Principal Place of Business
3400 Burns Rd

3. Mailing Address
3400 Burns Rd

Suite, Apt. #, etc.
Suite 202

Suite, Apt. #, etc.
Suite 202

City & State
Palm Beach Gardens FL

City & State
Palm Beach Gardens FL

Zip
33410

Country

Zip
33410

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0843645**

Applied For
 Not Applicable

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

BEDOYA, RICARDO A
3801 PGA BLVD
SUITE 607
WEST PALM BEACH FL 33410

Name **Bedoya Ricardo A**
 Street Address (P.O. Box Number is Not Acceptable)
3400 Burns Rd, Suite 202

City **Palm Beach Gardens FL** Zip Code **33410**

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

2-14-01

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 **D**
 STREET ADDRESS **BEDOYA, RICARDO A**
 CITY-ST-ZIP **3801 PGA BLVD SUITE 607**
WEST PALM BEACH FL 33410

TITLE
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-01 (561) 630-0303

Date

Daytime Phone #

CR2E034 (10/00)