2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000926



FILED Jul 25, 2001 8:00 am Secretary of State

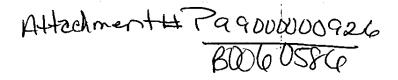
1. Entity Nar	CONCEPCION, M.D., P.A.			(V)	07-25-2001 90003 015 ***150.00	
Principal Place of Business 3910 NORTHDALE BOULEVARD #102 TAMPA FL 33624		Mailing Address 3910 NORTHDALE BOULEVARD #102 TAMPA FL 33624		102		II.
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number 59-3551137 Applied For Not Applicab	ole
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required	_
	6. Name and Address of Current	Registered Agent	- · _	Name ~	7. Name and Address of New Registered Agent	_
BUCHANAN INGERSOLL PROFESSIONAL CORP. 401 EAST JACKSON STREET					ess (P.O. Box Number is Not Acceptable)	
SUITE 25 TAMPA FI				City	FL Zip Code	
8. The sbove	named entity submits this statement for	or the purpose of changing its	s register	L ed office or regis	istered agent, or both, in the State of Florida.	_
SIGNĄTURE .	Signature, typed or printed name of registered agent				quired 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 After September 1 Make Check Paya			2, 2001 ble to D	epartment of S	State Added to Fees	
11.	OFFICERS AND		12.	*****	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONCEPCION, RENATO M.D. 8307 TERRACEWOOD CIRCLE TAMPA FL 33615	☐ Delete		1	: · Change ☐ Additio	n
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CONCEPCION, LEILA 8307 TERRACEWOOD CIR TAMPA FL 33615	☐ Delete			☐ Change ☐ Additio	in .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			☐ Change ☐ Additio	n
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			☐ Change ☐ Addition	n
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	i i	1	☐ Change ☐ Addition	n
13. I hereby o	ertify that the information supplied with	this filing does not qualify for	r the exer	mption stated in !	Section 119.07(3)(i), Florida Statutes, I further certify that the information	\neg

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 attackment with an address, with all other like empowered.

SIGNATURE:

CERTIFICURED PROURED

(813) 969-1825



July 18, 2001

Uniform Business Report Division of Corporations P. O. Box 1500 Tallahassee, FL 32302-1500

To whom it may concern,

As per advice of Christy from your office, I am writing to let your office know that I mailed the same form back in January, 2001 with the check # 1822 for the amount of \$150.00. Apparently that mail did not reach your office for you have sent me a notice and that the check has not been posted.

I am sending another form through certified mail with an enclosed payment of \$1,50.00 per Christy's instruction.

Thank you for your kind consideration.

Sincerely,

LEILA CONCEPCION.

Officer

Renato Concepcion, M.D., P.A.

3910 Northdale Blvd.

Suite 102

Tampa, FL 33624