FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2002 8:00 am
Secretary of State
07-24-2002 90135 039 ***150.00

DOCUMENT # P99000028225

1. Entity Name
L.S. DEL ROSARIO, PA

DO NOT WRITE IN THIS SPACE

B0131912

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2. Principal Place of Business	3. Mailing Address
225 W. ASHLEY St.	225 W. ASHLEY St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL.	City & State: JACKSONVILLE FL.
Zip: 32202 Country: USA	Zip: 32202 Country: USA

4. FEI Number: 59-3575051 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: GERRY WEEDON, ESQ.
Street Address (P.O. Box Number is Not Acceptable): 1200 GULF DR. 32207
City: JACKSONVILLE FL Zip Code: 32207

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PRESIDENT
NAME	LEONARDO S. DEL ROSARIO
STREET ADDRESS	225 W. ASHLEY St.
CITY-ST-ZIP	JACKSONVILLE, FL. 32202
TITLE	DIRECTOR
NAME	JOSEFA A. DEL ROSARIO
STREET ADDRESS	225 W. ASHLEY St.
CITY-ST-ZIP	JACKSONVILLE, FL. 32202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 7-19-02 (904) 354-3885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

attachment

L. S. DEL ROSARIO, M.D., FACIP
225 W. ASHLEY ST.
JACKSONVILLE, FL. 32202
(904) 354-3885

P99000028225
B0131912

7-19-02

Florida Dept. of State
Division of Corporation
Tallahassee, FL. 32302

Dear Sir / Madam:

I am respectfully sending the enclosed form and a check for $150.00. I did not receive the bill on the form.

My appreciation for your kind consideration, I remain,

Very sincerely yours,

Leonardo L. del Rosario