2000 UNIFORM BUSINESS REPORT (UBR)

7/2

DOCUMENT # P99000041056

1. Entity Name
WILJON W. BELTRE, M.D., P.A.

FILED
Aug 25, 2000 8:00 am
Secretary of State
07-24-2000 90016 017 ***550.00

Principal Place of Business	Mailing Address
685 PALM SPRINGS DRIVE SUITE 1C ALTAMONTE SPRINGS FL 32701	685 PALM SPRINGS DRIVE SUITE 1C ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3574176 — 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
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134	Name: WILJON W. BELTRE MD PA Street Address (P.O. Box Number is Not Acceptable): 685 Palm SPGS DRIVE #C City: ALTAMONTE SPRINGS FL Zip Code: 32701

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: Wilja W Beltre 8/21/00
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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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: PSTD NAME: BELTRE, WILJON W MD STREET ADDRESS: 685 PALM SPRINGS DRIVE CITY-ST-ZIP: ALTAMONTE SPRINGS FL 32701 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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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: Wilja W Beltre MD — SIGNATURE REQUIRED — 7/18/00 — 407 830-6868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Lisa Coon — LISA COON, OFFICE MANAGER