

**2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # **P99000041056**1. Entity Name  
**WILJON W. BELTRE, M.D., P.A.****FILED**  
**Aug 11, 2002 8:00 am**  
**Secretary of State**

08-11-2002 90163 012 \*\*\*550.00

0007397 AV

## Principal Place of Business

**685 PALM SPRINGS DRIVE  
SUITE 1C  
ALTAMONTE SPRINGS FL 32701**

## Mailing Address

**685 PALM SPRINGS DRIVE  
SUITE 1C  
ALTAMONTE SPRINGS FL 32701****B0133839**

DO NOT WRITE IN THIS SPACE

## 2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

## 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

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

**BELTRE, WILSTON W MD  
685 PALM SPEIS DRIVE #C  
ALTAMONTE SPRINGS FL 32701**

## 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

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, 2002 Fee 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

**PSTD  
BELTRE, WILJON W MD  
685 PALM SPRINGS DRIVE  
CITY-ST-ZIP  
ALTAMONTE SPRINGS FL 32701**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME☐ Change ☐ AdditionSTREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/02

Date

4078306868

Daytime Phone #

CR2034 (4/02)