2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2000 8:00 am
Secretary of State
06-13-2000 90053 042 ***150.00

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000048290

1. Entity Name
Anthony Alatriste, MD, PA, Family Medicine

Principal Place of Business	Mailing Address
8101 Canyon Lake Circle Orlando, FL 32835	8101 Canyon Lake Circle Orlando, FL 32835

2. Principal Place of Business		3. Mailing Address	
1803 Park Center Drive		1803 Park Center Drive	
Suite, Apt #, etc.: Suite #120		Suite, Apt. #, etc.: Suite #120	
City & State: Orlando, FL		City & State: Orlando, Fl	
Zip: 32811	Country: USA	Zip: 32811	Country: USA

4. FEI Number: 59-3579172 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Anthony Alatriste, MD
8101 Canyon Lake Circle
Orlando, FL 32835

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.

SIGNATURE ____________________
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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $350.00
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 / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: P/T NAME: Anthony Alatriste,MD STREET ADDRESS: 8101 Canyon Lake Circle CITY-ST-ZIP: Orlando, FL 32835	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: S NAME: Mildred Alatriste STREET ADDRESS: 8101 Canyon Lake Circle CITY-ST-ZIP: Orlando, FL 32835	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: *Anthony Alatriste* 4-26-00