

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State
 04-11-2000 90049 048 ***150.00

DOCUMENT # P99000051339

1. Entity Name
RANDALL C. LATORRE, M.D., P.A.

Principal Place of Business COLONIAL VILLAGE DRIVE APT. 107-10 TAMPA FL 33625	Mailing Address 8105 COLONIAL VILLAGE DRIVE APT. 107-10 TAMPA FL 33625-6805
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7550 north dale mabry

3. Mailing Address

Suite, Apt. #, etc.
B

City & State
Tampa, FL

Zip
33614 Country
USA

4. FEI Number
59-3578188 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

RUGG, JOSEPH W.N.
201 N. FRANKLIN ST., STE. 2100
TAMPA FL 33602

Name
Pandall C. Latorre, MD
 Street Address (P.O. Box Number is Not Acceptable)
8105 Colonial Village DR
#107
 City
Tampa FL Zip Code
33625

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 *Pandall C. Latorre MD* DATE *4/7/00*
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 \$550.00
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	D LATORRE, RANDALL C M.D. 8105 COLONIAL VILLAGE DRIVE, APT. 107-10 TAMPA FL 33625	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Pandall C. Latorre, MD* DATE: *4/7/00* DAYTIME PHONE #: *813-208-8585*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)