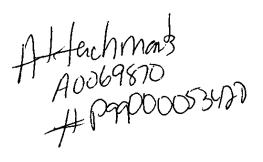
## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 18, 2001 8:00 am Secretary of State DOCUMENT # **P99000053422** 1. Entity Name 05-18-2001 91578 031 \*\*\*150.00 JUAN A. ESCOBALES, M.D., P.A. Principal Place of Business Mailing Address 2815 FIRST AVE N 2815 FIRST AVE N AUU69870 ST PETERSBURG FL 33713 ST PETERSBURG FL 33713 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0926505 Not Applicable Zip ←Country \_ \_ \_ \_ Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ESCOBALES, JUAN A Street Address (P.O. Box Number is Not Acceptable) 2815 FIRST AVE N ST PETERSBURG FL 33713 City 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) DATÉ FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE Addition ☐ Delete TITLE Change Change ESCOBALES, JUAN A MD PA NAME NAME STREET ADDRESS 2815 1ST AVE N STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33713 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE - L. ☐ Defete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 title receiver or trustee employee the 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 att. chment with an address like empowered

SIGNATURE: INTED NAME OF SIGNING OFFICER OR DIRECTOR

HURD HAWKINS MEYERS RADOSEVICH STEVENSON & DOBBS, P.A.



A CPA Firm

801 West Bay Drive, Suite 200 Largo, FL 33770-3267

May 14, 2001

Florida Department of State. Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Re: Juan A. Escobales, M.D., P.A. Document #P99000053422

Dear Sirs:

Our client, referenced above, sent to our office his UBR for 2001. This report was sent along with many other papers involving tax return preparation. The UBR packet was inadvertently placed in his corporate file, rather than returned to him with instructions for completion. As soon as this was discovered, we delivered the form to his office for signature and mailing.

Due to the above circumstances, we ask that you please waive the penalty for late filing. As you can see from your records, this report was filed on time last year – he is not chronically late.

Thank you for your consideration in this matter.

Sincerely,

Robin L Woodbury Robin L. Woodbury