

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90107 036 ***158.75

DOCUMENT # P99000055940



1. Entity Name
ALBERTO SANCHEZ, D.M.D., P.A.

Principal Place of Business
**2910 W. LAKE MARY BLVD.
SUITE 101
LAKE MARY FL 32746**

Mailing Address
**2910 W. LAKE MARY BLVD.
SUITE 101
LAKE MARY FL 32746**

20026815



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3583521**

Applied For
Not Applicable

Zip Country

Zip Country

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

**SANCHEZ-TORRES, ALBERTO
2910 W. LAKE MARY BLVD.
SUITE 101
LAKE MARY FL 32746**

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

- Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	SANCHEZ-TORRES, ALBERTO	
STREET ADDRESS	2910 W. LAKE MARY BLVD., STE. 101	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	ORTIZ, CHARMINE I	
STREET ADDRESS	2910 W. LAKE MARY BLVD., STE. 101	
CITY-ST-ZIP	LAKE MARY FL 32746	
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Alberto Sanchez* **REQUIRE SIGNATURE** *Alberto Sanchez - President 01-21-03*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)