

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2002 8:00 am
Secretary of State

04-08-2002 90080 048 ***150.00

DOCUMENT # P99000061337

1. Entity Name

LUIS C. FAVILLI, M.D., P.A.

Principal Place of Business

25 NORTH LANIER AVENUE
FORT MEADE FL 33841

Mailing Address

PO BOX 814
FORT MEADE FL 33841-0814
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3591868

Applied For

Not Applicable

Zip

Country

Zip

Country

33841-2918

U.S.

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

BARRIOS, JAMES A ESQUIRE
IMPERIAL CHRISTINA COVE
6700 SOUTH FLORIDA AVENUE, SUITE 9
LAKELAND FL 33813

Name

LUIS C. FAVILLI, MD

Street Address (P.O. Box Number is Not Acceptable)

25 NORTH LANIER AVE

City

FORT MEADE

FL

Zip Code

33841-2918

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

L. Favilli

5/30/02

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 \$150.00

After May 1, 2002 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	PD	FAVILLI, LUIS C M.D.	25 NORTH LANIER AVENUE FORT MEADE FL 33841	<input type="checkbox"/> Delete					
				<input type="checkbox"/> Delete					
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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:

L. Favilli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/26/2002

CR2E034 (9/01)