2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000063682 **DOCUMENT #**

Country

6. Name and Address of Current Registered Agent

MOUNT DORA FL 32757

Suite, Apt. #, etc.

City & State

Zip

2. Principal Place of Business

SOTELO, BEATRIZ M.D.

1. Entity Name BEATRIZ SOTELO, M.D., P.A.				
Principal Place of Business	Mailing Address			
9029 LAUREL RIDGE DR	9029 LAUREL RIDGE DRIVE			

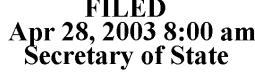
MOUNT DORA FL 32757

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.



Apr 28, 2003 8: Secretary of S	00 am
Secretary of S	tate
04-28-2003 91427 043 ***1	
T TREATOR THE SERVE TO THE BURNET BRING COME CHARLES	ASSAS SASSA (SAS 1848)
☐ CHECK HERE IF MAKING CHANG	250
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
- \$8.75	Additional
5. Certificate of Status Desired	
7. Name and Address of New Registered Agent	
•	
O. Box Number is Not Acceptable)	

9029 LAU	REL RIDGE DRIVE							
MOUNT D	ORA FL 32757							_
^A a.		`	City			FL	Zip Code	e
	named entity submits this statement for the purplions of registered agent.	oose of changing its re	gistered office	or registered age	ent, or both, in the State of Florida.	I am far	niliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if app	olicable. (NOTE: R	egistered Agent sign	nature required when re	instating)	DATE	·	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of State		4-3-2-7-		Election Campaign Financia Trust Fund Contribution.	ng 🗆	\$5.0 Added	0 May Be I to Fees
10.	OFFICERS AND DIRECTO	DRS	11.	AD	DITIONS/CHANGES TO OFFICER	S AND E	IRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SOTELO, BEATRIZ 9029 LAUREL RIDGE DRIVE MOUNT DORA FL 32757	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6		[Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME Street Address City-St-Zip	5		[Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			(Change	Addition
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TITLE NAME STREET ADDRESS		Delete	TITLE NAME STREET ADDRESS	i		[☐ Change	☐ Addition

Country

Name

Street Address (P.

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 ampowered 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.

CITY-ST-ZIP

SIGNATURE: