

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State
 02-16-2000 90007 022 ***150.00

DOCUMENT # P99000088394

1. Entity Name

VIERA MEDICAL CLINIC, P.A.

Principal Place of Business

Mailing Address

4011 W. CLEVELAND ST.
 TAMPA FL 33609

P.O. BOX 18946
 TAMPA FL 33679-8946

2. Principal Place of Business

3. Mailing Address

4730 N. HABANA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 302

City & State

City & State

TAMPA FLORIDA

Zip

Country

Zip

Country

33614

USA

4. FEI Number

Applied For

59-3605599

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

VIERA, ANGEL
4011 W. CLEVELAND ST.
TAMPA FL 33609

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.

SIGNATURE

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, 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 **D** ☐ Delete
 NAME **VIERA, MAGDALENA**
 STREET ADDRESS **4011 W. CLEVELAND ST.**
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE **D** ☒ Change ☐ Addition
 NAME **VIERA, MAGDALENA**
 STREET ADDRESS **4730 HABANA AVE STE 302**
 CITY-ST-ZIP **TAMPA, FLORIDA 33609**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 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: **ANGEL VIERA SECRETARY**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/00 **813-289-4342**
 Date Daytime Phone #

CR2E034 (9/99)