

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91129 044 \*\*\*150.00

**DOCUMENT # P99000088394**

1. Entity Name  
**VIERA MEDICAL CLINIC, P.A.**

Principal Place of Business

**4730 N. HABANA AVE  
STE 302  
TAMPA FL 33614**

Mailing Address

**P.O. BOX 18946  
TAMPA FL 33679-8946**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3605579**

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

**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, 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 **D** ☐ Delete  
NAME **VIERA, MAGDALENA**  
STREET ADDRESS **4730 HABANA AVE STE 302**  
CITY-ST-ZIP **TAMPA FL 33609**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/02

813 870-6422

CR2E034 (9/01)