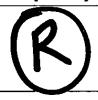
## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000098303

1. Entity Name

PALOMA IBARRA, PH.D., P.A.



FILED Aug 17, 2000 8:00 am Secretary of State

08-17-2000 90004 032 \*\*\*150.00

Principal Place of Business

Mailing Address

2650 BAHIA VISTA ST. SUITE 203 SARASOTA FL 34239 2650 BAHIA VISTA ST. SUITE 203 SARASOTA FL 34239

2. Principal Place of Business			3. Mailing Address								
Same as above			some as above								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRIT	TE IN THIS S	PACE		
City & State			City & State		4,	FEI Number			oplied For	]	
The second secon			ļ.,	······································		6	5-0963140			ot Applicable	4
Zip		Country Zip Co		Cour	itry	5.	Certificate of Status Desired		\$8.75 Add	ditional ed	
6. Name and Address of Current Registered Agent						7.	Name and Address of New R	egistered A	gent		]
ı					Name						
265	RRA, PALOI D BAHIA VI IASOTA FL	STA ST, SUITE 203			Street Address (P.O. Box Number is Not Acceptable)						<u> </u>
		•			City				Zip Cod	10	$\dashv$
•								FL	Zip C00	ie.	
8. The above	named entity	y submits this statement for	the purpose of changing it	ts register	ed office or	registered ag	gent, or both, in the State of Flo	rida.		•	7
	•	,	,					*			
SIGNATURE											
JIGNATORE .	Signature, typed	or printed name of registered agent a	nd title if applicable (NC	TE: Registere	d Agent signati	ure required when r	einstating)	DATE			
Tax filing re	-	ible to satisfy its Intangible and elects to do so.	FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$7 Make Check Payable to Department of S			be \$750.00	10. Election Campaign Fin Trust Fund Contribution			00 May Be d to Fees	
11. OFFICERS AND DIRECTORS 1					<del></del>	ΑΓ	DDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	-
TITLE	PD		☐ Delete	TITL	 E				Change	Addition	7 8
NAME .		PALOMA		NAM						_	Ų
STREET ADDRESS											3
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NAME				NAM	E						1
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NAME				NAM					-		
STREET ADDRESS				STRE	ET ADDRESS						
CITY-ST-ZIP				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:

ECUSMOTISE STEED UIPED IN THE TOTAL AND THE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/00

Daytime Phone #

CHZEU34 (5/00)

Atlackment p990000 58303

Paloma Ibarra, Ph.D., P.A. 2650 Bahia Vista Street Sarasota, Fl 34239-2625

Tel: (941) 951-6504 Fax: (941) 951-6433

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

August 12, 2000

RE: Tax ID 65-0963140

Dear Sir or Madam:

This is the first time I receive a 2000 Uniform Business Report from your office. I do not recall receiving a letter from your office notifying me that a corporate fee was due earlier. I am new to the state of Florida where I have formed a corporation for the first time in my career. Please accept the check of \$150 and waive the late fee since I did not receive a prior notification.

Thank you very much.

Sincerely,

Palm 56arra, Ph.D.

Paloma Ibarra