

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90557 005 \*\*\*150.00

**DOCUMENT # P99000103266**



1. Entity Name  
**MANUEL REGALADO, M.D., P.A.**

Principal Place of Business  
**106 S.W. 10TH STREET  
GAINESVILLE FL 32601**

Mailing Address  
**106 S.W. 10TH STREET  
GAINESVILLE FL 32601**



2. Principal Place of Business  
**239 SW 7th Terrace**

3. Mailing Address  
**239 SW 7th Terrace**

Suite, Apt. #, etc.  
**Suite B**

CHECK HERE IF MAKING CHANGES

City & State  
**Gainesville, FL**

City & State  
**Gainesville FL**

4. FEI Number  
**59-3605839**

Applied For  
 Not Applicable

Zip  
**32601**

Country  
**USA**

Zip  
**32601**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**REGALADO, MANUEL**  
**106 S.W. 10TH STREET**  
**GAINESVILLE FL 32601**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**239 SW 7th Terrace Suite B**

City **Gainesville** FL Zip Code **32601**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Manuel G. Regalado* DATE: 1/15/03

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**- After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVPS REGALADO, MANUEL 106 SW 10 PL STREET GAINESVILLE FL 32601</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>239 SW 7th Terrace Suite B Gainesville FL 32601</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowered 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.

SIGNATURE: *Manuel G. Regalado* **SIGNATURE REQUIRED** DATE: 1/15/03 (52)371-1541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)