

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 NOV 14 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S20615
1. Entity Name
Gisela Garcia-Leyva, M.D., P.A.

DO NOT WRITE IN THIS SPACE

5/22/02 90241 031 150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
211 4th Avenue North
3. Mailing Address
211 4th Avenue North

City & State
St. Petersburg, FL
City & State
St. Petersburg, FL

Zip
33701
Country
U.S.
Zip
33701
Country
U.S.

4. FEI Number
59-3034992
Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Gisela Garcia-Leyva, M.D.
Street Address (P.O. Box Number is Not Acceptable)
211 4th Avenue North

City St. Petersburg FL Zip Code 33701

B. 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 Agents signature required when reappointing) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Gisela Garcia-Leyva 211 4th Avenue North St. Petersburg, FL 33701
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Gisela Garcia-Leyva, M.D. P.A. 9/24/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**STRAWN, MARSHALL, CUNNINGHAM,
CONDON & SWEAT, P.A.**

Certified Public Accountants

Max M. Strawn, CPA 1927-1994

John Charles Marshall, CPA
Monica L. Cunningham, CPA
Kathleen M. Condon, CPA
Gary R. Sweat, CPA

November 8, 2002

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

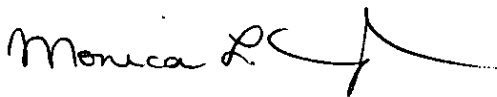
RE: Gisela Garcia-Leyva, M.D., P.A.
Ref. Number S20615

Dear Sir or Madam:

Our client has referred your letter number 202A00054711 to this office for review and response. Dr. Leyva filed her Uniform Business Report timely and enclosed her check for \$150.00. She mistakenly did not sign the return. In your letter, you stated that you returned her check to her with the return, however, there was no check enclosed. We have verified with the bank that the check cleared. We have enclosed the signed return with this letter.

Since the client originally filed the return and paid the fee on a timely basis, and her not signing the return was an oversight, we respectfully request that you abate the \$400.00 late fee. Thank you for your assistance in this matter.

Very truly yours,



Monica L. Cunningham, C.P.A.

MLC/kll

Enclosure

cc: Gisela Garcia-Leyva, M.D.