

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

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90703 034 ***150.00

DOCUMENT # 632239
1. Entity Name
JOSEPH CICCARELLO, D.C., P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1011 S HIGHWAY 301
Suite, Apt. #, etc.

3. Mailing Address
1011 S HIGHWAY 301
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TAMPA, FL.

City & State
TAMPA, FL.

4. FEI Number
59-1944784

Applied For
 Not Applicable

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

Zip
33619

Country
HILLSBOROUGH

Zip
33619

Country
HILLSBOROUGH

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CICCARELLO, JOSEPH

Street Address (P.O. Box Number is Not Acceptable)
919 RIVER RAPIDS

City
BRANDON

State
FL

Zip Code
33511

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable

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

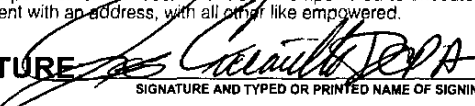
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CICCARELLO, JOSEPH 919 RIVER RADIDS BRANDON, FL 33511	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE  **JOSEPH CICCARELLO, D.C., P.A.** 04/03/02 (813)621-3180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #