

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90070 048 ***150.00

DOCUMENT # P00000069637

1. Entity Name
JOHN PAUL VIDOLIN, M.D., P.A.

Principal Place of Business 1511 S TAMiami TR. STE 202 VENICE FL 34292	Mailing Address 1511 S TAMiami TR. STE 202 VENICE FL 34292
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80043860



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number **05-1025940** Applied For
 Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VIDOLIN, JOHN PAUL M.D.
 1511 S TAMiami TR, STE 202
 VENICE FL 34292**

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 _____ (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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D VIDOLIN, JOHN PAUL M.D. 1511 S TAMiami TR, STE 202 VENICE FL 34292	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: John Paul Vidolin MD CEO **John Paul Vidolin MD CEO** 4-26-01 941-497-1771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)