

2002 UNIFORM BUSINESS REPORT (UBR)

02 AUG -9 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000104960**

1. Entity Name
MONMEDCO, P.A.



Principal Place of Business
**305 SAND MYRTLE TRAIL
DESTIN FL 32541**

Mailing Address
**305 SAND MYRTLE TRAIL
DESTIN FL 32541**

2. Principal Place of Business
123 SEABREEZE CIR
Subst Apt # etc

3. Mailing Address
123 SEABREEZE CIR
Subst Apt # etc

City & State
PANAMA CITY FL
Zip **32413** Country **USA**

City & State
PANAMA CITY FL
Zip **32413** Country **USA**

4. Fil Number
59-9672732

Applied for
Not Applied for

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

6. Name and Address of Current Registered Agent

**MONASTERO, JOSEPH P M.D.
305 SAND MYRTLE TRAIL
DESTIN FL 32541**

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Numbers is Not Acceptable) _____
City _____ State **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. I am familiar with and accept the obligations of registered agent.

SIGNATURE _____
Name and address of officer or director of registered agent (must be a resident of Florida)

Name and address of registered agent (must be a resident of Florida)

DATE

9. This corporation is eligible to elect its intangible tax filing requirements and elects to do so (See criteria on back)

10. Political Campaign Finance or Trust Fund Contribution **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Add
<input type="checkbox"/> Delete	P	MONASTERO, JOSEPH P M.D.	305 SAND MYRTLE TRAIL DESTIN FL 32541		
<input type="checkbox"/> Delete					
<input type="checkbox"/> Delete					
<input type="checkbox"/> Delete					
<input type="checkbox"/> Delete					
<input type="checkbox"/> Delete					
<input type="checkbox"/> Delete					

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Add
<input checked="" type="checkbox"/> Change	MONASTERO, JOSEPH P M.D.	123 SEABREEZE CIR	PANAMA CITY FL 32413		
<input type="checkbox"/> Change					
<input type="checkbox"/> Change					
<input type="checkbox"/> Change					
<input type="checkbox"/> Change					
<input type="checkbox"/> Change					
<input type="checkbox"/> Change					

I hereby certify that the information supplied with this filing does not qualify for the exemption provided in Section 119.001(1)(c), Florida Statutes. I further certify that the information included on this report is a computerized report is true and accurate and that my signature and name are the same legal effect as if my name were written by hand. I am an officer or director of the corporation or the receiver of business operations to complete this report and I understand the legal effect of my signature and name as stated above. I am not an officer or director of the corporation or the receiver of business operations with an authority, with all other necessary powers.

SIGNATURE: _____