

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90065 011 ***150.00

0018886 AV

DOCUMENT # P01000076127

1. Entity Name
 MARK W. LASTARZA, M.D., PA.

Principal Place of Business
 570 MEMORIAL CIRCLE
 ORMOND BEACH FL 32174

Mailing Address
 570 MEMORIAL CIRCLE
 ORMOND BEACH FL 32174



2. Principal Place of Business 800 Sterthaus Ave.	3. Mailing Address 800 Sterthaus Ave.
Suite, Apt. #, etc. Suite B	Suite, Apt. #, etc. Suite B
City & State Ormond Beach, FL	City & State Ormond Beach, FL
Zip 32174	Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3733086

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 LOGUIDICE, JOSEPH A
 555 W. GRANADA BLVD.
 SUITE B-5
 ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name
Mark LaStarza

Street Address (P.O. Box Number is Not Acceptable)
800 Sterthaus Avenue

Suite B

City
Ormond Beach

FL Zip Code
32174

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 Mark LaStarza 3/3/02

Signature, typed or printed name of registered agent and title, applicable (NOTE: Registered Agent signature required when reinstating) DATE

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, 2002 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	
TITLE D	<input type="checkbox"/> Delete
NAME LASTARZA, MARK W	
STREET ADDRESS 570 MEMORIAL CIRCLE	
CITY-ST-ZIP ORMOND BEACH FL 32174	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LaStarza, mark W	
STREET ADDRESS 800 Sterthaus Ave., Suite B	
CITY-ST-ZIP Ormond Beach, FL 32174	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Mark LaStarza 3/3/02 386-672-3219

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

CR2E034 (9/01)