

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2003 8:00 am
Secretary of State

07-24-2003 90110 018 ***150.00

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DOCUMENT # P02000064569

1. Entity Name

LOUIS J. RASO, M.D., P.A.



Principal Place of Business

5790 DIXIE BELL ROAD

PALM BEACH GARDENS FL 32418

Mailing Address

5790 DIXIE BELL ROAD

PALM BEACH GARDENS FL 32418

2. Principal Place of Business

2141 South Alt A1A

Suite, Apt. #, etc.

130 - Suite

City & State

Jupiter FL

Zip

33477

Country

3. Mailing Address

239 River Drive

Suite, Apt. #, etc.

City & State

Tequesta, FL

Zip

33469

Country

4. FEI Number

03-0459843

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

SINGER, MICHAEL S ESQ.

3801 PGA BOULEVARD

SUITE 802

PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name Louis J. RASO, M.D.

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

239 River Drive

City Tequesta

FL

Zip Code

33469

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/16/03

FILE NOW!!! FEE IS \$559.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P RASO, LOUIS J M.D.
5790 DIXIE BELL ROAD
PALM BEACH GARDENS FL 32418

☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

President LOUIS J. RASO, MD
239 River Drive
Tequesta, FL 33469

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP

President LOUIS J. RASO, MD
239 River Drive
Tequesta, FL 33469

☐ Change ☒ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 60, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/16/03 (561) 741-1588

CR2E034 (4/03)

attachment
PD2000064569
90146091
Louis J. Raso, M.D.

Pain Management
Three Palms Center
2141 South Alternate A1A
Suite 130
Jupiter,
Florida 33477
561-741-1588
Fax 561-741-1123

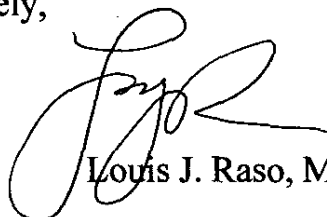
July 15, 2003

Florida Department of State
Secretary of State: Glenda E. Hood
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

I am asking that the \$400.00 late fee be waived since my corporation, which is in its first year of existence, did not receive a prior annual report notice. Thank you in advance for consideration into this matter. Enclosed is a check for \$150.00.

Sincerely,


Louis J. Raso, M.D.