

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90094 018 \*\*\*150.00

**DOCUMENT # P02000103014**

1. Entity Name

**SOUTHWEST INTERNAL MEDICINE, P.A.**



Principal Place of Business

**5801 PELICAN BAY BOULEVARD, SUITE 300  
NAPLES FL 34108**

Mailing Address

**5801 PELICAN BAY BOULEVARD, SUITE 300  
NAPLES FL 34108**

2. Principal Place of Business

**2721 Del Prado Blvd.**

3. Mailing Address

**2721 Del Prado Blvd.**

Suite, Apt. #, etc.

**220**

Suite, Apt. #, etc.

**220**

City & State

**Cape Coral, FL**

City & State

**Cape Coral, FL**

Zip

**33904**

Country

**USA**

Zip

**33904**

Country

**USA**

4. FEI Number

**55-0799282**

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

**MINCK, LINDA R  
5801 PELICAN BAY BOULEVARD, SUITE 300  
NAPLES FL 34108**

7. Name and Address of New Registered Agent

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. 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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS  Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change  Addition

TITLE: **Director**  
NAME: **Tracy Vo**  
STREET ADDRESS: **4202 SW 5th Place**  
CITY-ST-ZIP: **Cape Coral, FL 33914**

TITLE: **President**  
NAME: **Tracy Vo**  
STREET ADDRESS: **4202 SW 5th Place**  
CITY-ST-ZIP: **Cape Coral, FL 33914**

TITLE: **Treasurer**  
NAME: **Tracy Vo**  
STREET ADDRESS: **4202 SW 5th Place**  
CITY-ST-ZIP: **Cape Coral, FL 33914**

TITLE: **Secretary**  
NAME: **Richard M. Comparato**  
STREET ADDRESS: **4202 SW 5th Place**  
CITY-ST-ZIP: **Cape Coral, FL 33914**

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
 Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
 Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
 Change  Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
 Change  Addition

TITLE:   
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 Change  Addition

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 Change  Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
 Change  Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
 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 607, 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**

**1/27/03 (239) 573-1116**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)