

FILED
Jul 03, 2003 8:00 am
Secretary of State

6/19

06-19-2003 90045 026 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000126751			
1. Entity Name AYALA & GIAGONELLI ALTERNATIVE CLINIC, P.A.			
Principal Place of Business 3551 W LAKE MARY BLVD STE 207 LAKE MARY, FL 32746		Mailing Address 3551 W LAKE MARY BLVD STE 207 LAKE MARY, FL 32746	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent CAPKO, ROBERT J 368 WAYMONT COURT STE 106 LAKE MARY, FL 32746		4. FEI Number 55-0801908	
5. Name and Address of New Registered Agent		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Name		Applied For Not Applicable	
Street Address (P.O. Box Number is Not Acceptable)			
City		FL Zip Code	
6. 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 date if applicable. (NOTE: Registered Agent is a person, corporation, or partnership.)			
7. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PTD AYALA, MELISA 1456 ROYAL TERRACE DELTONA, FL 32738 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VSD GIAGONELLI, JENNIFER 407 ABENO TERRACE DELTONA, FL 32738 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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)(1), 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: <i>Jennifer Giagonelli</i>		6/16/2003 457-7595	

55050500

☐ CHECK HERE IF MAKING CHANGES

CRP0004 (10/02)