

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91131 015 ***150.00

DOCUMENT # P94000046553

1. Entity Name
SHERRI LEE MAETOZO, M.D., P.A.

Principal Place of Business SOUTHPARK MEDICAL BLDG., STE. 102 150 SOUTHPARK BLVD. ST. AUGUSTINE FL 32086	Mailing Address SOUTHPARK MEDICAL BLDG., STE. 102 150 SOUTHPARK BLVD. ST. AUGUSTINE FL 32086
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1301 Plantation Island Drive Suite, Apt. #, etc. Suite 103	3. Mailing Address 1301 Plantation Island Drive Suite, Apt. #, etc. Suite 103
--	--

City & State St. Augustine, Florida	City & State St. Augustine, Florida	4. FEI Number 59-3297267	Applied For <input type="checkbox"/> Not Applicable
---	---	------------------------------------	--

Zip 32080	Country St. Johns	Zip 32080	Country St. Johns	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
---------------------	-----------------------------	---------------------	-----------------------------	--

6. Name and Address of Current Registered Agent MAETOZO, MATTHEW E. 150 SOUTHPARK BLVD, SUITE 102 ST AUGUSTINE FL 32086	7. Name and Address of New Registered Agent Name Maetozo, Matthew E. Street Address (P.O. Box Number is Not Acceptable) 1301 Plantation Island Drive Suite 103 City St. Augustine FL Zip Code 32080
--	--

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 *Matthew E. Maetozo* **4/24/02**
(Signature, typed or printed name of registered agent and title if 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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PS	<input checked="" type="checkbox"/> Delete	TITLE President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MAETOZO, SHERRI LEE		NAME Maetozo, Sherri Lee	
STREET ADDRESS 150 SOUTHPARK BOULEVARD, SUITE 102		STREET ADDRESS 1301 Plantation Island Drive, Suite 103	
CITY-ST-ZIP ST. AUGUSTINE FL 32086		CITY-ST-ZIP St. Augustine, Florida 32080	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Sherrilee Maetozo* **4/24/02** **(904) 461-5330**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)