

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90195 030 ***150.00

DOCUMENT # P99000086633

1. Entity Name
ANTHONY A. SALVADORE M.D., P.A.



Principal Place of Business
755 N.E. 32ND STREET
BOCA RATON FL 33431

Mailing Address
755 N.E. 32ND STREET
BOCA RATON FL 33431

2. Principal Place of Business
821 Seasage Drive
Suite, Apt. #, etc.

3. Mailing Address
821 Seasage Drive
Suite, Apt. #, etc.

City & State
Delray Beach, FL
Zip 33483 **Country**

City & State
Delray Beach, FL
Zip 33483 **Country**

4. FEI Number 65-0951039

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

SALVADORE, ANTHONY A MD
755 N.E. 32ND STREET
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name **Salvadore, Anthony A. M.D.**
Street Address (P.O. Box Number is Not Acceptable)
821 Seasage Drive
City **Delray Beach** **FL** **Zip Code** **33483**

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 *Anthony A. Salvadore MD*
Signature, typed or printed name of registered agent and title if applicable.

4-2-03
DATE

(NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **SALVADORE, ANTHONY A M.D.**
STREET ADDRESS **755 N.E. 32ND STREET**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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CITY-ST-ZIP

TITLE ☐ **Delete**
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TITLE ☐ **Delete**
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**
NAME **Salvadore, Anthony A. M.D.**
STREET ADDRESS **821 Seasage Drive**
CITY-ST-ZIP **Delray Beach, FL 33483**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
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CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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NAME
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TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Anthony A. Salvadore MD* **4-2-03** **(561) 278-9934**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (10/02)