

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90167 029 ***150.00

DOCUMENT # V04168

1. Entity Name

GENNARO SAGLIOCCA, M.D., P.A.

Principal Place of Business

**927 45TH ST.
 SUITE 206
 WEST PALM BEACH FL 33407**

Mailing Address

**927 45TH ST.
 SUITE 206
 WEST PALM BEACH FL 33407**

2. Principal Place of Business

2000 CONTINENTAL DR #B

3. Mailing Address

2000 CONTINENTAL DR

Suite, Apt. #, etc.

#B

Suite, Apt. #, etc.

#B

City & State

West Palm Beach Florida

City & State

West Palm Beach

Zip

33407

Country

USA

Zip

33407

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0263725

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

SAGLIOCCA, GENNARO

927 45TH ST.

SUITE 206

WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name

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

2000 CONTINENTAL DR.

Suite B

City

West Palm Beach

FL

Zip Code

33407

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

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)

**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. ☐

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

11. OFFICERS AND DIRECTORS

TITLE **PDVT** ☐ Delete
 NAME **SAGLIOCCA, GENNARO M.D.**
 STREET ADDRESS **927 45TH ST. SUITE 206**
 CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **CSM** ☐ Delete
 NAME **SAGLIOCCA, GENNARO M.D.**
 STREET ADDRESS **927 45TH ST. SUITE 206**
 CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2000 CONTINENTAL DR. # B1**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2000 CONTINENTAL DR. # B**
 CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 no address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

201-845-2680

Date Daytime Phone #

CR2E034 (9/01)