

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90145 001 ****61.25

DOCUMENT # N38253

1. Entity Name

FLORIDA CHAPTER OF THE AMERICAN ASSOCIATION OF P
HYSICIST IN MEDICINE, INC.

Principal Place of Business

3663 BEE RIDGE ROAD
SARASOTA FL 34233
US

Mailing Address

3663 BEE RIDGE ROAD
SARASOTA FL 34233
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2996423

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANDERS, ROY E. JR
3663 BEE RIDGE ROAD
SARASOTA FL 34233

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.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete
NAME MAZZARA, GLORIA P
STREET ADDRESS 502 S WILLOW AVENUE # 10
CITY-ST-ZIP TAMPA FL 33606

TITLE S/D ☐ Change ☒ Addition
NAME RATHERTON, JAMES V.
STREET ADDRESS 1000 36TH ST
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE D ☒ Delete
NAME FERRAS, IGNACIO A III
STREET ADDRESS 4806 LONDONDERRY
CITY-ST-ZIP TAMPA FL 33647

TITLE D ☐ Change ☒ Addition
NAME BOVA, FRANK J.
STREET ADDRESS BOX 100265 JHMC
CITY-ST-ZIP GAINESVILLE, FL 32610

TITLE DST ☐ Delete
NAME LANDERS, ROY E JR
STREET ADDRESS 3663 BEE RIDGE ROAD
CITY-ST-ZIP SARASOTA FL 34233

TITLE T/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME MCNERNEY, GERALD W.
STREET ADDRESS 50 W. STURTEVANT ST
CITY-ST-ZIP ORLANDO, FL 32806

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V/D ☐ Change ☒ Addition
NAME OUIB, ZOUBIR
STREET ADDRESS 16313 S. MILITARY TRAIL
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P/D ☐ Change ☒ Addition
NAME SERAGO, CHRISTOPHER F.
STREET ADDRESS 4500 SAN PABLO RD
CITY-ST-ZIP JACKSONVILLE, FL 32224

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 617, 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-08-02 941-924-8100

CR2E037 (9/01)