

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 22, 2002 8:00 am**  
**Secretary of State**

07-22-2002 90168 006 \*\*\*150.00

**DOCUMENT # P98000071412**

1. Entity Name  
**LISA M. DISANTO, D.O., P.A.**

Principal Place of Business  
**5800 49TH ST N. STE 206-S**  
**ST PETERSBURG FL 33709**

Mailing Address  
**5800 49TH ST N. STE 206-S**  
**ST PETERSBURG FL 33709**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**6776 54TH AVE. N. #776 54TH AVE. N.**

Suite, Apt. #, etc.

**#A**

3. Mailing Address

**6776 54TH AVE. N. #776 54TH AVE. N.**

Suite, Apt. #, etc.

**#A**

City & State

**St. Petersburg, FL**

Zip

**33709**

Country

**Pinellas**

City & State

**St. Petersburg, FL**

Zip

**33709**

Country

**Pinellas**

4. FEI Number **59-3527228**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DISANTO, LISA M D.O.**

**5800 49TH ST N, STE 206-S**

**ST PETERSBURG FL 33709**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DISANTO, LISA M</b>	
STREET ADDRESS	<b>5800 49TH ST N STE 206-S</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33709</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)



Attachment  
#1980071412  
B013145



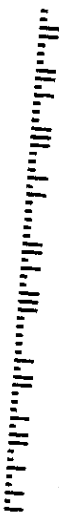
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314



TO: 0093322 RU \*\*AUTO T7 1 1297 33709-214699

DISAB00 337093168 1402 15 07/02/02  
NOTIFY SENDER OF NEW ADDRESS  
:LISA DISANTO DO  
6776 54TH AVE N #A  
SAINT PETERSBURG FL 33709-1402



PRESORTED  
FIRST-CLASS MAIL  
U.S. POSTAGE PAID  
FLORIDA DIVISION OF CORPORATIONS  
#4321



*Attachment*

*Lisa M. DiSanto, D.O.  
6776 54<sup>th</sup> Ave. N. Suite A.  
St. Petersburg, FL 33709  
(727) 545-8500*

*# 08000071412*

*July 17, 2002*

*To Whom It May Concern::*

*This is to inform you that the 2002 Uniform Business Report (USB) was not received until yesterday because I moved my office on April 12, 2002. The post office forwarded the form to my new office but this took an unusual long period of time as you can see from the yellow sticker from the post office on the outside of your envelope. I am enclosing the \$150.00 fee requested. Please correct your records to reflect my new address.*

*Thank you for your attention to this matter.*

*Sincerely,*

*Lisa M. DiSanto*

*Lisa M. DiSanto, D.O.*