2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *466869*

1. Entity Name

Michael A. Passidomo, M.D., P.A.

Principal Place of Business	Mailing Address
2255 Marina Drive	*2255 Marina Drive*
Naples, Fl 34102	*Naples, Fl 34102*

REINSTATEMENT *00-01*

09/18/00-90035-035 *$150.00*

2. Principal Place of Business	3. Mailing Address	
2255 Marina Drive	*2255 Marina Drive*	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

City & State *Naples, Fl*	City & State *Naples, Fl*	4. FEI Number *59-15-63.48.3*	Applied For / Not Applicable
Zip *34102* / Country *USA*	Zip *34102* / Country *USA*	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
Passidomo, Michael A.	Name
2255 Marina Drive	Street Address (P.O. Box Number is Not Acceptable)
Naples, Fl 34102	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)

5/25/01
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, 2001 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		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	*P D*	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	*Passidomo, Michael A.*		NAME	900004617519---7	
STREET ADDRESS	*2255 Marina Drive*		STREET ADDRESS	-10/01/01--01030--023	
CITY-ST-ZIP	*Naples, Fl 34102*		CITY-ST-ZIP	****750.00 ****750.00	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (11/00)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/01