

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90192 001 \*\*\*150.00

**DOCUMENT # 481532**

1. Entity Name

**SOLOMON D. REODICA, M.D., P.A.**

Principal Place of Business

**672 BALDWIN AVE  
 DEFUNIAK SPRING FL 32433**

Mailing Address

**672 BALDWIN AVE  
 DEFUNIAK SPRING FL 32433**

2. Principal Place of Business

**672 BALDWIN AVE**

Suite, Apt. #, etc.

3. Mailing Address

**672 BALDWIN AVE**

Suite, Apt. #, etc.

City & State

**DEFUNIAK SPGS. FL**

City & State

**DEFUNIAK SPGS. FL**

Zip **32433**

Country **USA**

Zip **32433**

Country **USA**

4. FEI Number **59-1615117**

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


**EVANULISTA, JUAN N.  
 672 BALDWIN AVE  
 DEFUNIAK SPRING FL 32433**

Name **SOLOMON D. REODICA MD**

Street Address (P.O. Box Number is Not Acceptable)  
**672 BALDWIN AVE.**

City **DEFUNIAK SPRINGS** **FL** Zip Code **32433**

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)

**0430 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 **VD** ☐ Delete  
 NAME **REODICA, SOLOMON D**  
 STREET ADDRESS **349 HIDDEN LAKES TRAIL**  
 CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

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

TITLE **PD** ☒ Delete  
 NAME **EVANGELISTA, JUAN N**  
 STREET ADDRESS **1928 MORGANS MILL CIR**  
 CITY-ST-ZIP **ORLANDO FL 32825**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 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 an address, with all other like empowered.

SIGNATURE:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**SOLOMON D. REODICA MD**

**04/30/01 850 892-2533**

Date

Daytime Phone #

CR2E034 (10/00)



## Employer Account Change Form

Attachment  
481532: 656200

UCS-3  
R. 12/00

Employer name: Evangelista & Reodica, PA

U.C. account number: 2017661-0

Complete only the items showing a change in your business.

Legal name: Solomon D. Reodica, MD PA

Trade name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Location address: \_\_\_\_\_

(Attach a list for additional location addresses)

Federal ID number:      -                                   

Telephone number:

               -                -                    

Fax number:

               -                -                    

Corporation: ☒ Corporate name change  
(attach supporting documentation)

☒ Change of officers  
(attach list of officers with Social Security numbers,  
home addresses and telephone numbers)

Leasing employees: Name of leasing company: \_\_\_\_\_

U.C. account number of leasing company:                                         -     

Date leasing began:           -           -          

Business closed:

Date of last payroll:           -           -          

Date business closed:           -           -          

**Sign, date and return to: Florida Department of Revenue, P.O. Box 6510, Tallahassee, FL 32314-6510.**

If you incorporated or purchased a business, you must complete an *Employer Registration Report* (Form UCS-1) and a *Report to Determine Succession* (Form UCS-1S). **Note: The Report to Determine Succession for partial acquisitions must be postmarked within 90 days of the acquisition date to be considered timely.** To obtain forms contact the Department of Revenue (below).

Completed by:

*Solomon D. Reodica*  
Signature

1/20/01  
Date

President  
Title

850-892-2221

Telephone number (include area code)

### For Information and Forms

Information and forms are available on our Internet site at  
<http://sun6.dms.state.fl.us/dor/>

#### Need Assistance?

To speak with a Department of Revenue representative, call Taxpayer Services, Monday through Friday, 8 a.m. to 7 p.m., ET, at 1-800-352-3671 (in Florida only) or 850-488-6800. Hearing or speech impaired persons may call the TDD line at 1-800-367-8331 or 850-922-1115.

For a written response to your questions, write:

TAX INFORMATION SERVICES  
FLORIDA DEPARTMENT OF REVENUE  
1379 BLOUNTSTOWN HWY

#### Need Forms?

To receive forms by mail:

- Order multiple copies of forms from our Internet site at <http://sun6.dms.state.fl.us/dor/forms/order>
- Fax your form request to the DOR Distribution Center at 850-922-2208
- Call the DOR Distribution Center at 850-488-8422
- Mail your form request to:  
DISTRIBUTION CENTER  
FLORIDA DEPARTMENT OF REVENUE  
168A BLOUNTSTOWN HWY  
TALLAHASSEE FL 32304-3702

To receive a fax copy of a form, call 850-922-3676 from your fax

SOLOMON D. REODICA, M.D.

GENERAL SURGERY & MEDICINE

672 BALDWIN AVE.

DEFUNIAK SPRINGS, FLA. 32433

PHONE (850) 892-2221

(850) 892-2533

FAX (850) 892-9239

Attachment  
656700  
481532

January 31, 2001

Florida

Department of Revenue

Employer Account Change Form (attached list)

Solomon D. Reodica, sole Director and Shareholder, President,  
and Secretary.

Social Security number: 010-42-7640

Home addresses and telephone numbers: 349 Hidden Lake Trail,  
DeFuniak Springs,  
Florida 32433  
(850)951-2029 (unlisted)



Attachment

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

6576700

481532

April 10, 2000

WILLIAM H. GREEN  
POST OFFICE BOX 609  
DEFUNIAK SPRINGS, FL 32435

Re: Document Number 481532

The Articles of Amendment to the Articles of Incorporation of EVANGILISTA AND REODICA, M.D., P.A. which changed its name to SOLOMON D. REODICA, M.D., P.A., a Florida corporation, were filed on March 30, 2000.

Should you have any questions regarding this matter, please telephone (850) 487-6050, the Amendment Filing Section.

Velma Shepard  
Corporate Specialist  
Division of Corporations

Letter Number: 400A00019561

ARTICLES OF AMENDMENT

TO

ARTICLES OF INCORPORATION

OF

EVANGILISTA & REODICA, M.D., P.A.

Attachment  
256200  
481532  
COPY

Pursuant to the provisions of Section 607.1006, Florida Statutes, this corporation adopts the following Articles of Amendment to its Articles of Incorporation:

ARTICLE I

The name of the corporation is Evangelista & Reodica, M.D., P.A.

ARTICLE II

The following amendment of the Articles of Incorporation was adopted by the sole shareholder of the corporation: The name of the corporation is Solomon D. Reodica, M.D., P.A.

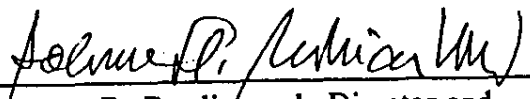
ARTICLE III

The amendment was adopted by the sole shareholder of the corporation on March 27, 2000.

ARTICLE IV

The amendment was approved by the sole shareholder. The number of votes cast for the amendment was sufficient for approval.

IN WITNESS WHEREOF, I have executed these Articles of Amendment to Articles of Incorporation this 27th day of March, A.D. 2000.

  
Solomon D. Reodica, sole Director and  
Shareholder, President, and Secretary