

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90232 038 ***150.00

DOCUMENT # 487077

1. Entity Name

ATLANTIC COAST OB-GYN, P.A.

Principal Place of Business

**1832 GARDEN ST
 STE A
 TITUSVILLE FL 32796
 US**

Mailing Address

**1832 GARDEN ST
 STE A
 TITUSVILLE FL 32796
 US**

2. Principal Place of Business

**3604-TRAVIS-PL
 Suite, Apt. #, etc.
 Titusville, FL
 City & State**

3. Mailing Address

**S.A. PATRIZIO
 Suite, Apt. #, etc.
 3604-TRAVIS-PL
 City & State
 Titusville, FL**

Zip 32780 Country U.S.A.

Zip 32780 Country U.S.A.

4. FEI Number **59-1617908**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PATRIZIO, SABATINO A
 1832 GARDEN ST
 STE A
 TITUSVILLE FL 32796**

7. Name and Address of New Registered Agent

**Name PATRIZIO, SABATINO A.
 Street Address (P.O. Box Number Not Acceptable)
 3604-TRAVIS PL
 City & State
 Titusville, FL
 Zip Code 32780**

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

Sabatino A. Patrizio (Pres) 7/13/01

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 12, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD PATRIZIO, SABATINO 1832 GARDEN ST, STE A TITUSVILLE FL 32796	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATRIZIO, SABATINO 3604 TRAVIS-PL TITUSVILLE, FL 32780 (NRW - add res)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 207, 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 #

Sabatino A. Patrizio (Pres) 7/13/01 (321) 269-1861

0114074 AT

CR2E034 (5/01)

Attachment

Doc # 487077
B0000113

ATLANTIC - COAST - OB/GYN
3604 - TRAVIS. PL.

Titusville, FL. 32780

- July 13, 2001

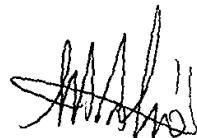
DIVISION of CORPORATIONS
Uniform Business Report
Tallahassee, FL. 32302

To whom it may concern,

I received the 2001 Uniform Business Report to file (before Sept 12, 2001). However, I did NOT receive the final notice.

I did call your office & spoke to Kelly - who is a corporate document examiner - and I am now enclosing a check for \$150. & the 2001 UBR, (as advised by her).

Thank you,



S.A. PATRIZIO, M.D.
ATLANTIC COAST OB-GYN
FEI # 59-1617908