## 2000 UNIFORM BUSINESS REPORT (UBR) Apr 20, 2000 8:00 am Secretary of State **DOCUMENT # 517803** 1. Entity Name R.A. MUSELLA, M.D., F.A.C.S., P.A. 04-20-2000 90010 001 \*\*\*150.00 Principal Place of Business ., Mailing Address 247-COREY AVENUE 247 COREY AVENUE ST. PETERSBURG-BEACH FL ST. PETERSBURG BEACH FL 33706 04200U US HS 2. Principal Place of Business 3. Mailing Address 1201-5th\_Ave\_No\_ <u> 1201-5th Ave. No.#408</u> #408 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE St. Petersburg, Fl Petersburg, FL Applied For City & State City & State 4. FEI Number 59-1705916 Pinellas Not Applicable <del>Pinella</del>s Zip 33705 Country Country \$8.75 Additional 5. Certificate of Status Desired 33705 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ---Name MUSELLA, ROSARIO A. Box Number is Not Acceptable 408 247 COREY AVENUE ST-PETERSBURG FL 33706 -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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PDS Change ☐ Addition Delete TITLE TITLE MUSELLA, ROSARIO A NAME 1201 - 5th Ave. No. # 40B st. petersburg, FL 33405 NAME STREET ADDRESS 247 COREY AVENUE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ST. PETERSBURG BEACH FL TITLE Delete TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete ☐ 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 ☐ Change TITLE ☐ Delete TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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: 4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #