

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90267 005 ***550.00

DOCUMENT # 604652

1. Entity Name

A. JOSEPH PICCOLA, D.O., P.A.

Principal Place of Business

14171 METROPOLIS AVENUE
SUITE 101
FT. MYERS FL 33912-4335
US

Mailing Address

14171 METROPOLIS AVENUE
SUITE 101
FT. MYERS FL 33912-4335
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1482608

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

PICCOLA, A. JOSEPH
14171 METROPOLIS AVENUE
SUITE 101
FT. MYERS FL 33912

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.

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 \$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
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
PICCOLA, A. JOSEPH
14171 METROPOLIS AVENUE, SUITE 101
FT. MYERS FL 33912-4335 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

Date

Daytime Phone #

CR2E034 (10/00)

Attachment
604652
BOOK 4196

LEE
PHYSICIAN
GROUP

ASSOCIATES IN FAMILY MEDICINE

A. Joseph Piccola, D.O.,
A.B.F.P., A.O.B.F.P.
C.a.g. Geriatrics

Robert B. Maggiano, D.O.,
A.B.F.P.

Marc S. Yallof, D.O.,
A.B.F.P.

14171 Metropolis Avenue
Suite 101
Fort Myers, Florida
33912

7-1801

(941) 768-7373

fax (941) 768-5240

Gentlemen,

In the process of preparing to
move our office we overlooked
this due payment. Our record
has been good for more than
25 years. We appreciate

your consideration

Thank you
A. Joseph Piccola