2001 UNIFORM BUSINESS REPORT (UBR)

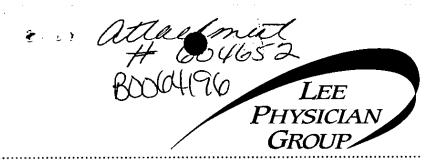
Sep 06, 2001 8:00 am Secretary of State **DOCUMENT # 604652** 09-06-2001 90267 005 ***550.00 A. JOSEPH PICCOLA, D.O., P.A. Mailing Address Principal Place of Business 14171 METROPOLIS AVENUE 14171 METROPOLIS AVENUE SUITE 101 SUITE 101 FT. MYERS FL 33912-4335 FT. MYERS FL 33912-4335 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1482608 Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PICCOLA,, A. JOSEPH Street Address (P.O. Box Number is Not Acceptable) 14171 METROPOLIS AVENUE SUITE 101 FT. MYERS FL 33912 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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 12. 11. Addition Change ☐ Delete TITLE TITI F PICCOLA, A. JOSEPH NAME NAME STREET ADDRESS STREET ADDRESS 14171 METROPOLIS AVENUE, SUITE 101 CITY-ST-ZIP CITY-ST-7IP FT. MYERS FL 33912-4335 Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP. Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P

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 is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

with all other like empoyere

changed, or on an attachment wi

FILED



ASSOCIATES IN FAMILY MEDICINE

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

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this due payment. Our record

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25 years, we appreciate

your Consideration

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