

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90188 033 ***150.00

DOCUMENT # 605138

1. Entity Name

Peter A. Tomasello, M.D., P.A.



DO NOT WRITE IN THIS SPACE

90133348

2. Principal Place of Business

201 NW 82 Avenue

3. Mailing Address

201 NW 82 Avenue

Suite, Apt. #, etc.

Suite 405

Suite, Apt. #, etc.

Suite 405

City & State

Plantation, FL

City & State

Plantation, FL

4. FEI Number

591522374

Applied For

Not Applicable

Zip

33324

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Peter A. Tomasello

Street Address (P.O. Box Number is Not Acceptable)

201 NW 82 Avenue

Suite 405

City

Plantation

FL

Zip Code

33324

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
TOMASELLO, PETER A.
201 NW 82 Ave. #405
Plantation, FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Peter A. Tomasello

05/28/03

954 472 1688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)