

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State
 04-12-2001 90042 006 ***150.00

042238

DOCUMENT # 635135

1. Entity Name
VINCENT G. COTRONEO, M.D., P.A.

Principal Place of Business
**5539 MARINE PARKWAY
 P O BOX 1175 (34656-1175)
 NEW PORT RICHEY FL 34652**

Mailing Address
**5539 MARINE PARKWAY
 P O BOX 1175 (34656-1175)
 NEW PORT RICHEY FL 34652**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
P.O. Box 1175
 Suite, Apt. #, etc.
6806 Cecelia Dr.
 City & State
new Port Richey FL-
 Zip
34653
 Country
U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1937246** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**COTRONEO, VINCENT G.
 5539 MARINE PARKWAY
 NEW PORT RICHEY FL 34652**

7. Name and Address of New Registered Agent
 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 _____ (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. ☐ **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	PD COTRONEO, VINCENT G. 5539 MARINE PARKWAY NEW PT RICHEY FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Patrick L. Epting 6806 Cecelia Dr. new Port Richey, FL 34653
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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: Vincent G. Cotroneo **4/9/01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)