

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90125 046 ***150.00

DOCUMENT # F45578

1. Entity Name

REMO G. GAUDIEL, M.D., P.A.



Principal Place of Business
329 SOUTH NOKOMIS AVE.
VENICE FL 34285

Mailing Address
329 SOUTH NOKOMIS AVE.
VENICE FL 34285



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 **59-2155292**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~KIRTLLEY, WILLIAM T~~
~~720 S ORANGE AVE~~
~~SARASOTA FL 33577~~

Name

Remo Gaudiel

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

329 So. Nokomis Ave

City

Venice

FL

Zip Code

34285

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

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

Remo G. Gaudiel

(NOTE: Registered Agent signature required when reinstating)

2-18-03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PDS**
STREET ADDRESS **GAUDIEL, REMO G**
CITY-ST-ZIP **329 SO. NOKOMIS AVENUE**
VENICE FL 34285

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Remo Gaudiel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-03

Date

941-484-9538

Daytime Phone #

CR2E034 (10/02)