

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90029 046 ***150.00

DOCUMENT # G68676

1. Entity Name
HENRY J. SACERIO, M.D., P.A.

Principal Place of Business
**1443 SAN MARCO BLVD.
1ST FLOOR
JACKSONVILLE FL 32207**

Mailing Address
**1443 SAN MARCO BLVD.
1ST FLOOR
JACKSONVILLE FL 32207**

2. Principal Place of Business
**3636 University Blvd S.
Suite, Apt. #, etc.
A-3**

3. Mailing Address
**3636 University Blvd. South
Suite, Apt. #, etc.
A-3**



DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE - FLA.
Zip
32216
Country
DUVAL

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JACKSONVILLE, FL.
Zip
32216
Country
DUVAL

4. FEI Number **59-2354537**
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**SACERIO, HENRY J., M.D.
1443 SAN MARCO BLVD.
1ST FLOOR
JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent
Name **SACERIO, HENRY J. M.D. P.A.**
Street Address (P.O. Box Number is Not Acceptable)
**3636 UNIVERSITY BLVD. SOUTH,
Suite A-3**
City **JACKSONVILLE** FL Zip Code **32216**

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 *Gladys N. Sacerio* DATE **4/25/01**
(Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when reinstating.)

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	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SACERIO, HENRY J., M.D.		NAME		
STREET ADDRESS	1443 SAN MARCO BLVD.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		CITY-ST-ZIP		
TITLE	VTD	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	GEORGE SACERIO,		NAME		
STREET ADDRESS	1443 SAN MARCO BLVD.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SACERIO, GLADYS N		NAME		
STREET ADDRESS	1443 SAN MARCO BLVD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 *Gladys N. Sacerio* DATE **4/25/01** (904) 396-5642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)