

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G68676**

1. Entity Name

HENRY J. SACERIO, M.D., P.A.**FILED**
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90169 038 ***150.00

Principal Place of Business

3636 UNIVERSITY BLVD S
A-3
JACKSONVILLE FL 32216

Mailing Address

3636 UNIVERSITY BLVD S
A-3
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1804 River Road
Suite, Apt. #, etc.
Jacksonville, Fla.
City & State

3. Mailing Address

1804 River Road
Suite, Apt. #, etc.
Jacksonville, Fla.
City & State

4. FEI Number

59-2354537

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee RequiredZip
32207

Country

DuvalZip
32207

Country

Duval

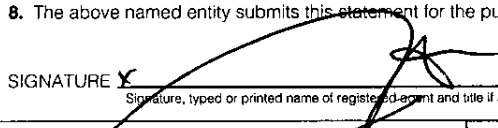
6. Name and Address of Current Registered Agent

SACERIO, HENRY J., M.D.
3636 UNIVERSITY BLVD SOUTH
A-3
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name **Sacerio, Henry J.**
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 
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

January 25-2002
DATE9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	SACERIO, HENRY J., M.D.	1443 SAN MARCO BLVD.	JACKSONVILLE FL 32207	<input type="checkbox"/>
V	SACERIO, GLADYS N	1443 SAN MARCO BLVD	JACKSONVILLE FL 32207	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **904-346-0181**

CR2E034 (9/01)