

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90133 049 ***150.00

DOCUMENT # G68676

1. Entity Name

HENRY J. SACERIO, M.D., P.A.



Principal Place of Business

1804 RIVER RD
JACKSONVILLE FL 32207

Mailing Address

1804 RIVER RD
JACKSONVILLE FL 32207

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

59-2354537

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

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., M.D.

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

1804 River Road

City JACKSONVILLE

FL

Zip Code 32207

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

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

TITLE ☐ Delete
NAME P
STREET ADDRESS SACERIO, HENRY J., M.D.
CITY-ST-ZIP 1443 SAN MARCO BLVD.
JACKSONVILLE FL 32207

TITLE ☐ Delete
NAME V
STREET ADDRESS SACERIO, GLADYS N
CITY-ST-ZIP 1443 SAN MARCO BLVD
JACKSONVILLE FL 32207

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME P
STREET ADDRESS SACERIO, Henry J. M.D.
CITY-ST-ZIP 1804 RIVER ROAD
JACKSONVILLE - FLA 32207

TITLE ☒ Change ☐ Addition
NAME V
STREET ADDRESS SACERIO, GLADYS N.
CITY-ST-ZIP 1804 RIVER ROAD
JACKSONVILLE - FLA 32207

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 10 - 2003 904-346-0181

Date

Daytime Phone #

CR2E034 (10/02)