

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90300 035 \*\*\*158.75

DOCUMENT # **H08251**

1. Entity Name

**JOHN R. CAPONE, M.D., P.A.**



Principal Place of Business

**14440 MILITARY TRAIL**

**DELRAY BCH FL 33447**

**33484**

Mailing Address

**14440 MILITARY TRAIL**

**PO BOX 2819**

**DELRAY BCH FL 33447**

*Please  
Remo up  
10 BOX*

**60007065**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**John R. CAPONE M.D.P.A**

Suite, Apt. #, etc.

**800 Seaside Drive**

**Delray Beach, Fla**

**33483**

**U.S.A.**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**59-2418935**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CAPONE, JOHN R.**

**14440 MILITARY TRAIL**

**DELRAY BEACH FL 33484**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*John R. Capone M.D.*

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CAPONE, JOHN R. 14440 MILITARY TRAIL DELRAY BEACH FL 33484</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

*John R. Capone M.D.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/9/2003**

Date

Daytime Phone #

CR2E034 (10/02)