

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90006 049 ***150.00

DOCUMENT # H15858

1. Entity Name

MENDES AND BATTAGLINI, M.D.'S, P.A.

Principal Place of Business

**1601 S. APOLLO BLVD.
MELBOURNE FL 32901**

Mailing Address

**1601 S. APOLLO BLVD.
MELBOURNE FL 32901**

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

59-2440623

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**BOYD, JOEL E.
100 RIALTO PLACE #800
MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

Name

Boyd, Joel E

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

6767 N Wickham Rd

Suite 306

City

Melbourne

FL

Zip Code

32940

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)

DATE

9. 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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MENDES, ORMOND C., M.D.**
STREET ADDRESS **1601 S. APOLLO BLVD.**
CITY-ST-ZIP **MELBOURNE FL**

TITLE **STD** ☐ Delete
NAME **BATTAGLINI, JAMES W., MD**
STREET ADDRESS **1601 S. APOLLO BLVD.**
CITY-ST-ZIP **MELBOURNE FL**

TITLE **VP** ☐ Delete
NAME **MCKINNEY, JOHN M D**
STREET ADDRESS **1601 S. APOLLO BLVD**
CITY-ST-ZIP **MELBOURNE FL**

TITLE **S** ☐ Delete
NAME **MENDES, JUDITH**
STREET ADDRESS **1601 S. APOLLO BLVD**
CITY-ST-ZIP **MELBOURNE FL**

TITLE **S** ☐ Delete
NAME **BATTAGLINI, JANICE**
STREET ADDRESS **1601 S. APOLLO BLVD**
CITY-ST-ZIP **MELBOURNE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 to an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/12/02