

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H19750

1. Entity Name

CALLMAN AND VALENTE, M.D.'S, P.A.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90023 009 ***150.00

Principal Place of Business

2525 HARBOR BLVD., SUITE 104
PORT CHARLOTTE FL 33952

Mailing Address

2525 HARBOR BLVD., SUITE 104
PORT CHARLOTTE FL 33952-5338

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

59-2447753

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALENTE, MALGORZATA, MD
2525 HARBOR BLVD., SUITE 104
PORT CHARLOTTE FL 33952

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.

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, 2000 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 ☐ Delete
NAME P
STREET ADDRESS CALLMAN, MARK L., M.D.
CITY-ST-ZIP 2525 HARBOR BLVD #104
PORT CHARLOTTE FL

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

TITLE ☐ Delete
NAME V
STREET ADDRESS VALENTE, MALGORZATA, MD
CITY-ST-ZIP 2525 HARBOR BLVD. #104
PORT CHARLOTTE FL

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

TITLE ☐ Delete
NAME S
STREET ADDRESS BLACK, BRENT D MD
CITY-ST-ZIP 2525 HARBOR BLVD 104
PT CHARLOTTE FL 33952

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

TITLE ☐ Delete
NAME T
STREET ADDRESS COHEN, JEROME B M.D.
CITY-ST-ZIP 2525 HARBOR BLVD., #104
PT CHARLOTTE FL 33952

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Jon Roth, MD
CITY-ST-ZIP 2525 Harbor Blvd., Ste 104
Port Charlotte, FL 33952

TITLE ☐ Delete
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 with an address, with all other persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR DIRECTOR

Mark L. Callman, M.D.

Date

3/15/2000

Daytime Phone #

941-629-5757

CR2E034 (9/99)