

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90167 045 ***150.00

DOCUMENT # H19750

1. Entity Name

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

Principal Place of Business

**2525 HARBOR BLVD., SUITE 104
 PORT CHARLOTTE FL 33952**

Mailing Address

**2525 HARBOR BLVD., SUITE 104
 PORT CHARLOTTE FL 33952**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2447753

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

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

TITLE **D** ☒ Delete
 NAME **ROTH, JON MD**
 STREET ADDRESS **2525 HARBOR BLVD -SET 104**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

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

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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02

Date

941 6295 757

Daytime Phone #

CR2E034 (9/01)