


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-15-2003 90302 016 ***150.00

DOCUMENT # H36129

1. Entity Name
SALVATORE M. DECANIO, JR., O.D., P.A.



Principal Place of Business
**4507 GLEN EAGLES DR
BOYNTON BEACH FL 33436-4806**

Mailing Address
**4507 GLEN EAGLES DR
BOYNTON BEACH FL 33436-4806**

2. Principal Place of Business
9814 CORONADO LAKE DRIVE
Suite, Apt. #, etc.

3. Mailing Address
9814 CORONADO LAKE DRIVE
Suite, Apt. #, etc.

City & State
BOYNTON BEACH, FLORIDA

City & State
BOYNTON BEACH, FLORIDA

Zip
33437-5346 Country
USA

Zip
33437-5346 Country
USA

4. FEI Number **59-2486519**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**DECANIO, SALVATORE M. JR.
4507 GLEN EAGLES DR
BOYNTON BEACH FL 33436-4806**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
9814 CORONADO LAKE DRIVE

City
BOYNTON BEACH FL Zip Code
33437-5346

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 NAME STREET ADDRESS CITY-ST-ZIP	DPT DECANIO, SALVATORE M. JR 4507 GLEN EAGLES DR BOYNTON BEACH FL 33436-4806	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DECANIO, CAROL A. 4507 GLEN EAGLES DR BOYNTON BEACH FL 33436-4806	<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	9814 CORONADO LAKE DRIVE BOYNTON BEACH, FL. 33437-5346	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9814 CORONADO LAKE DRIVE BOYNTON BEACH, FL. 33437-5346	<input checked="" 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: *Salvatore M. Decanio Jr.* 1-1303 581-665-0439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)