2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

H65445 **DOCUMENT#**

1. Entity Name

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME

MICHAEL A. RASCATI, O.D., P.A.



FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 91036 033 ***150.00

Maing Address POST OFFICE DN 1130 CHEFLAND FL 32626 US 2. Princ pai Place of Business Suite, Apt. #. etc. Suite, Apt. #. etc. City & State City & State Country Zip Country Zip Country Size Address of Status Desired 4. FEI Number 59-2571179 Applied For Not Applicable To Required Applicable To Name and Address of Current Registered Agent To Name and Address of Current Registered Agent To Name and Address of New Registered Agent To Name and Address of New Registered Agent To Name and Address of Current Registered Agent To Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) To E. PARK AVE. SUITE 210 CHIEFLAND FL 38826 To Design and Street Agent Signature required when Strate of Fiorida. I am Itamiar with , and accept the obligations of registered agent, or both, in the State of Fiorida. I am Itamiar with , and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS TILE OFFICERS AND DIRECTORS TILE OFFICERS AND DIRECTORS TILE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TILE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS SIGNEY JUPIS AGENT AGEN							
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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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NAME

SIGNATURE:

□ Delete

Delete

Change

Addition

☐ Addition