

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90295 012 \*\*\*150.00

0700082 IN

**DOCUMENT # H87394**

1. Entity Name  
**FRANK VELTRI, M.D., P.A.**



Principal Place of Business  
**143 BUENA VISTA DR. S  
DUNEDIN FL 34698-3305  
US**

Mailing Address  
**143 BUENA VISTA DR. S  
DUNEDIN FL 34698-3305  
US**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**40 CAMELIA COURT**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**OLDSMAR**

City & State  
**OLDSMAR**

4. FEI Number  
**59-2630900**

Applied For  
 Not Applicable

Zip  
**FL**

Country  
**34677**

Zip  
**FL**

Country  
**34677**

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

6. Name and Address of Current Registered Agent  
**VELTRI, FRANK  
143 BUENA VISTA DR, S  
DUNEDIN FL 34698**

7. Name and Address of New Registered Agent  
Name  
**VELTRI, FRANK**  
Street Address (P.O. Box Number is Not Acceptable)  
**40 CAMELIA COURT**  
City  
**OLDSMAR** **FL** Zip Code  
**34677**

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 \_\_\_\_\_ (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	<b>PVT VELTRI, FRANK, M.D. 143 BUENA VISTA DR., S DUNEDIN FL 34698</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD VELTRI, FRANK, M.D. 143 BUENA VISTA DRIVE, S DUNEDIN FL 34698</b>	<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	<b>40 CAMELIA COURT OLDSMAR FL 34677</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>40 CAMELIA COURT OLDSMAR FL 34677</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Frank Veltri** **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/03**  
Date Daytime Phone #

CR2E034 (10/02)