Jun-26-00 15:06 6/7

FILED
Aug 03, 2000 8:00 am
Secretary of State
06-07-2000 90010 046 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 554027

1. Entity Name: Joseph J. Altieri MD PA
1600 - 36th St (Suite B)
Vero Beach, FL 32960-4851

Principal Place of Business: 1600 - 36th St (Suite B)
Vero Beach, FL. 32960-4851

Mailing Address:

2. Principal Place of Business: SAME AS ABOVE
Suite, Apt. #, etc.
City & State
Zip / County

3. Mailing Address: SAME AS ABOVE
Suite, Apt. #, etc.
City & State
Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2184714 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent:
Joseph J Altieri MD PA
1600 36 St - B
Vero Beach, FL 32960

7. Name and Address of New Registered Agent:
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 _____ Date _____
Signature, name & printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement(s) by electing 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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Joseph J Altieri ☐ Delete 1600 - 36th St (Suite B) Vero Beach FL 32960-4851
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (8/99)

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: Joseph J Altieri MD PA Pres
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR AUTHORIZED OFFICER OR DIRECTOR — Date — Corporate Seal