

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L34605

FILED
Apr 12, 2002 8:00 AM
Secretary of State

Entity Name: PETER J. CASELLA, M.D., P.A.

Current Principal Place of Business:

205 PARK PLACE DRIVE
STE 104
KISSIMMEE, FL 34741 US

New Principal Place of Business:

205 PARK PLACE DRIVE
KISSIMMEE, FL 34741 US

Current Mailing Address:

205 PARK PLACE DRIVE
STE 104
KISSIMMEE, FL 34741 US

New Mailing Address:

205 PARK PLACE DRIVE
KISSIMMEE, FL 34741 US

FEI Number: 59-2980399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTOPHER, DONALD E.
390 N ORANGE AVE
ONE DUPONT CENTRE, STE 2200
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: CASELLA, PETER J.,
Address: 6720 INDIAN MEADOW DRIVE
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER J. CASELLA

DR.

04/12/2002

Electronic Signature of Signing Officer or Director

_____ Date