

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90006 006 ***150.00

DOCUMENT # L 81773

1. Entity Name

MICHAEL L. CARLINO MD PA

Principal Place of Business

Mailing Address

13321 PONDEROSA WAY
 FORT MYERS, FL 33919

00046326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0198939

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MICHAEL L. CARLINO MD
 13321 PONDEROSA WAY
 FORT MYERS, FL 33919

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$500.00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME MICHAEL L. CARLINO MD
 STREET ADDRESS 13321 PONDEROSA WAY
 CITY-ST-ZIP FORT MYERS, FL 33919

☐ Delete

TITLE
 NAME
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☐ Change ☐ Addition

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:

x Michael L. Carlino MD PA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20-01

941 768 2354

Date

Signature Phone #

CR2E034 (11/00)