## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

. 10 52

UNIFORM BUSINESS REPORT (UBR)				
DOCUMENT # MS & 374			FILED	
DON S ANGELO, DO PA				02 JUN 20 AM 11: 02
DO NOT WRITE IN THIS SPACE				SECRETARY OF STATE TALLAHASSEE, FLORES
2. Principal Place of Business  \$\int 149 N. 9TH AVENUE  3. Mailing Address  \$\int 149 N. 9.			TH AVENUE	0
Suite, Apt. #, etc. Suite, Apt. #, etc. ## 6-3			DO NOT WRITE IN THIS SPACE	
City & Sta	SACULA. FL	City & State PENSACOA,	FL	4. FEI Number Applied For Not Applied For Not Applicable
Zip 32	Sof Country	32504	Country	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
Name DON S.				
DO NOT WRITE  Street Address (P				(P.O. Box Number is Not Acceptable)
IN THIS SPACE			l	ITE # 6-39
			City	Tip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered about no both, in the State of Florida.				
SIGNATURE DON S. ANGELO DIFFCTOR Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agent and title if applicable.)  One of the printed name of registered agent and title if applicable.				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  January 1 - May 1 Fee is \$550  After May 1, Fee is \$550  Amended UBR is \$61.2  Make Check Payable to Department				10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
11.	OFFICERS AND [	DIRECTORS		
TITLE	DIRECTOR DUN S. ANGELO DO		TITLE	
NAME STREET ADDRESS	5149 N. 9TH AVENUL	SIE # 30	NAME STREET ADDRESS : .	4000060741/242
CITY-ST-ZIP	_	504 G-24	CITY-ST-ZIP	-06/27/0201078002:
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	ertify that the information supplied with	nis titied does not qualify for t	CITY-ST-ZIP	ction 119.07(3)(i), Florida Statutes. I further certify that the information
		ine ining adea not quality for (	un evembrion stated itt 260	אינים אוויסיע (אוויסיע), דוטווטא אוויענים אוויסיע בייטוויסיע אוויסיע אוויסיע בייטוויסיע אוויסיע אוויסיע אוויסיע

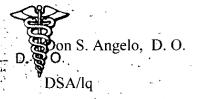
3. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the feceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>U</u>

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

130/2002 (850) 477-2727

Parties Phone #



## DON S. ANGELO, D.O., P.A.

GENERAL PRACTICE
PREVENTIVE MEDICINE
5149 N. NINTH AVENUE, SUITE 115
PENSACOLA, FLORIDA 32504

TELEPHONE: (904) 477-2727

June 18, 2002

Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Subject - Don Angelo, D.O. P.A. - Reinstatement Reference Number M 88374.

Please be advised that I was unaware my corporation was in a delinquent status. I assumed my Accountant was handing this matter, apparently not.

I have not received any notices of delinquency or the uniform business report for some time.

I request a waiver of the reinstatement fee and have attached a check for \$915.00, to bring my account up to date. I appreciate your consideration in this matter.

D.S. Angelo, D.O.

DSA/lq