

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90026 034 ***150.00

DOCUMENT # P00000026003

1. Entity Name

FAMILY MEDICINE OF NAPLES, P.A.

Principal Place of Business

28321 S. TAMiami TR., STE. 2
BONITA FL 34134

Mailing Address

28321 S. TAMiami TR., STE. 2
BONITA FL 34134

2. Principal Place of Business

90 CYPRESS WAY

Suite, Apt. #, etc.

SUITE 10

3. Mailing Address

P.O. Box 111029

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34110

Country

USA

Zip

34108

Country

USA

4. FEI Number

59-363 2308

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALESSI, PATRICIA A
28321 S. TAMiami TR., STE. 2
BONITA FL 34134

7. Name and Address of New Registered Agent

Name

Same

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

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **PD** ☐ Delete
 NAME **ALESSI, PATRICIA A DO**
 STREET ADDRESS **677 MYRTLE RD.**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE **ST** ☐ Delete
 NAME **ALESSI, ALBERT G DO**
 STREET ADDRESS **677 MYRTLE RD.**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

P. Alessi
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/15/01 **(941) 591 8922** **-A**
(941) 591 8922

0087166
AV

CR2E034 (5/01)