

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90114 002 ***150.00

DOCUMENT # P00000026003

1. Entity Name
FAMILY MEDICINE OF NAPLES, P.A.

Principal Place of Business
90 CYPRESS WAY
SUITE 10
NAPLES FL 34110

Mailing Address
P.O. BOX 111029
NAPLES FL 34108



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3632308**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALESSI, PATRICIA A
~~**28321 S. TAMAMINTA, STE. 2**~~
~~**BONITA FL 34134**~~

Name **PATRICIA A. ALESSI**
 Street Address (P.O. Box Number is Not Acceptable)
90 CYPRESS WAY EAST
SUITE 10
 City **NAPLES** **FL** Zip Code **34110**

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 \$150.00
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Delete
 NAME
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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:

PATRICIA ALESSI **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/02 (941) 591-8922

CR2E034 (9/01)