

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-13-2001 90002 032 ***550.00

DOCUMENT # P00000050126

1. Entity Name

ANTHONY N. DARDANO, D.O., P.A.

LA

Principal Place of Business

**9960 CENTRAL PARK BLVD. NORTH
 SUITE 404
 BOCA RATON FL 33428**

Mailing Address

**9960 CENTRAL PARK BLVD. NORTH
 SUITE 404
 BOCA RATON FL 33428**

76969



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

58-2548205

Applied For

Not Applicable

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

**AMERICAN INFORMATION SERVICES, INC.
 350 E LAS OLAS BLVD., SUITE 1800
 FT LAUDERDALE FL 33301**

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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ANTHONY N. DARDANO D.O.P.A.** ☐ Delete
 NAME **PRESIDENT**
 STREET ADDRESS **DR. ANTHONY N DARDANO**
 CITY-ST-ZIP **9960 CENTRAL PARK BLVD. N.**

TITLE **SUITE 404** ☐ Delete
 NAME **BOCA RATON, FL 33428**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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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 of 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:

Anthony N. Dardano D.O.P.A.

Date

7/6/01

Daytime Phone #

561 341-0065

CR2E034 (5/01)