

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000050126

1. Entity Name
ANTHONY N. DARDANO, D.O., P.A.

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

2. Principal Place of Business
1000 N.W. 9th COURT
Suite, Apt. #, etc.
Suite 202
City & State
Boca Raton FL
Zip
33486
Country
USA

3. Mailing Address
1000 N.W. 9th COURT
Suite, Apt. #, etc.
Suite 202
City & State
Boca Raton FL
Zip
33486
Country
USA

FILED
Jan 11, 2002 8:00 am
Secretary of State

01-11-2002 90020 014 ***150.00



DO NOT WRITE IN THIS SPACE

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
AMERICAN INFORMATION SERVICES, INC.
350 E LAS OLAS BLVD., SUITE 1600
FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P DARDANO, ANTHONY N DO PA 9960 CENTRAL PARK BLVD. N. SUITE 404 BOCA RATON FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DARDANO, ANTHONY N DO PA 1000 NW 9th COURT Suite 202 Boca Raton, Florida 33486 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Anthony N. Dardano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/02 561-361-0065
Date Daytime Phone #

0368427 AV

CR2E034 (9/01)