FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Feb 20, 2002 8:00 am Secretary of State DOCUMENT # P00000053134 Entity Name INTHONY J. PACITTI, M.D., P.A. 02-20-2002 90079 014 ***150.00 rincipal Place of Business Mailing Address 840 PINE BLUFF ROAD 1840 PINE BLUFF ROAD 80030287 **PERRY FL 32347** ERRY FL 32347 Principal Place of Business 3. Mailing Address Street 311 E Ash Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State ty & State 4. FEI Number Applied For 59-3643127 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PACITTI, ANTHONY J Street Address (P.O. Box Number is Not Acceptable) 1840 PINE BLUFF ROAD Act PERRY FL 32347 City 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 IGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, type d name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. TLE Delete TITLE Change ☐ Addition AME NAME PACITTI, ANTHONY J TREET ADDRESS 1840 PINE BLUFF ROAD STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP **PERRY FL 32347** TLE ☐ Delete TITLE ☐ Addition AME NAME TREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TLE ☐ Delete TITLE AME NAME STREET ADDRESS TREET ADDRESS TY-ST-ZIP CITY-ST-ZIP TLE ☐ Delete TITLE ☐ Change ☐ Addition NAME AME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP ĮTY-ST-ZIP ☐ Change ☐ Addition TLE ☐ Delete TITLE AMF NAME TREET ADDRESS STREET ADDRESS ĮTY-ST-ZIP CITY-ST-7IP TLE ☐ Delete TITLE ☐ Change ☐ Addition AME NAME TREET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP 3. 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