

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

04-21-2002 90866 025 \*\*\*150.00

**DOCUMENT # P00000054016**

1. Entity Name

**INTER-MEDIC PHYSICIANS, P.A.**

Principal Place of Business

**2885 TAMiami TRAIL  
 PORT CHARLOTTE FL 33952**

Mailing Address

**2885 TAMiami TRAIL  
 PORT CHARLOTTE FL 33952**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1030761**

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

**MOORE, JOHN L  
 200 S. ORANGE AVENUE  
 SARASOTA FL 34236**

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 \$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 ☐ Delete  
 NAME **VD CASANOVA, E**  
 STREET ADDRESS **2885 TAMiami TRAIL**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

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

TITLE ☐ Delete  
 NAME **VD CASANOVA, L**  
 STREET ADDRESS **2885 TAMiami TRAIL**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

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

TITLE ☐ Delete  
 NAME **VD SASLOW, H**  
 STREET ADDRESS **2885 TAMiami TRAIL**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

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

TITLE ☐ Delete  
 NAME **VD MELSER, M**  
 STREET ADDRESS **2885 TAMiami TRAIL**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

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

TITLE ☐ Delete  
 NAME **VD BILLETTE, J**  
 STREET ADDRESS **2885 TAMiami TRAIL**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE ☒ Change ☐ Addition  
 NAME **GILLETTE, J**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **VD OLIVER, J**  
 STREET ADDRESS **2885 TAMiami TRAIL**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

*SIGNATURE OF OFFICER OR DIRECTOR*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GEORGE NACKLEY, MD**

**4/9/02**

Date

Daytime Phone #

CR2E034 (9/01)

Attachment  
832860 #

2001 UNIFORM BUSINESS REPORT  
INTER-MEDIC PHYSICIANS, P.A.  
DOCUMENT #P00000054016  
FEI NO. #65-1030761

**ATTACHMENT #P00000054016**

TITLE NAME ST. ADDRESS CITY-ST-ZIP	V/D BARTEK, JAMES 2885 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952	DELETE	CHANGE	ADDITION
TITLE NAME ST. ADDRESS CITY-ST-ZIP	V/D BHAT, SALIGRAMA M. 2885 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952	DELETE	CHANGE	ADDITION
TITLE NAME ST. ADDRESS CITY-ST-ZIP	V/D CIVITELLA, THOMAS 2885 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952	DELETE	CHANGE	ADDITION
TITLE NAME ST. ADDRESS CITY-ST-ZIP	V/D NACKLEY, GEORGE 2885 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952	DELETE	CHANGE	ADDITION
TITLE NAME ST. ADDRESS CITY-ST-ZIP	V/D RIOUX, JOHN 2885 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952	DELETE	CHANGE	ADDITION
TITLE NAME ST. ADDRESS CITY-ST-ZIP	V/D RODRIGUEZ, VICTOR 2885 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952	DELETE	CHANGE	ADDITION
TITLE NAME ST. ADDRESS CITY-ST-ZIP	V/D TORNER, JAIME 2885 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952	DELETE	CHANGE	ADDITION