

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90140 015 \*\*\*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

4. FEI Number **65-1030761**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be  
Trust Fund Contribution. Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

TITLE ☒ Change ☐ Addition  
NAME **S/D**  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
NAME **T/D**  
STREET ADDRESS  
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like or empowered.

SIGNATURE:

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

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

70028036

P00000054016

2003 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	X CHANGE TITLE P/D	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 RODRIGUEZ-MARTIN ARTURO 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