

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90118 008 ***150.00

DOCUMENT # P00000095542

1. Entity Name

ROBERT C. GUAGENTI, D.O., P.A.

Principal Place of Business
5682 BEE RIDGE ROAD #102
SARASOTA FL 34233

Mailing Address
5682 BEE RIDGE ROAD #102
SARASOTA FL 34233

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 **65-1045838**

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

GUAGENTI, ROBERT C D.O.

5682 BEE RIDGE ROAD

SUITE 102

SARASOTA FL 34233

1219 S. EAST AVE #102
SARASOTA, FL 34239

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

TITLE **D** ☐ Delete
 NAME **GUAGENTI, ROBERT C D.O.**
 STREET ADDRESS **5682 BEE RIDGE ROAD #102**
 CITY-ST-ZIP **SARASOTA FL 34233**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1219 S. EAST AVE. STE 206**
 CITY-ST-ZIP **SARASOTA, FL 34239**

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

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/2001

Date

(941)365-7100

Daytime Phone #

0099484 AV

CR2E034 (5/01)

Attachment

ROBERT C. GUAGENTI, D.O.F.A.C.P.

Gastroenterology and Liver Diseases

1219 S. East Ave. #206, Sarasota, FL 34239

(941) 365-7100 • Fax (941) 365-7444

Doc # B000093
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July 6, 2001

Division of Corporations
Uniform Business Report Filing
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Please be advised that our office received this notice as of the first of July. We never received a notice prior to this and our address has changed. Effective 4-30-2001 our new address is:

Robert C. Guagenti, D.O., P.A.
1219 S. East Avenue, Suite 206
Sarasota, Florida 34239
(941) 365-7100 Fax: (941) 365-7444

We have enclosed a check for \$150.00 to cover the annual fees and do not wish to be penalized for this delay in notice.

Thank you in advance.

Sincerely,



Kimberly D. Miller
Office Manager