

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91386 017 ***150.00

DOCUMENT # PD1000001627

1. Entity Name JOHN P GUERCIO, JR, MD., PA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 848 1ST AVE NORTH

Suite, Apt. #, etc.
SUITE 220

City & State
NAPLES FL

Zip 34102 Country USA

3. Mailing Address 848 1ST AVE NORTH

Suite, Apt. #, etc.
SUITE 220

City & State
NAPLES FL

Zip 34102 Country USA

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4. FEI Number 59-3689823

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name GUERCIO JOHN P JR

Street Address (P.O. Box Number is Not Acceptable)

848 1ST AVE NORTH Ste 220

City NAPLES FL Zip Code 34102

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 date 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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE Pres / D.
NAME GUERCIO JOHN P JR MD
STREET ADDRESS 848 1ST AVE NORTH Ste 220
CITY - ST - ZIP NAPLES FL

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)