

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 14, 2002 8:00 am**  
**Secretary of State**

07-14-2002 90049 022 \*\*\*150.00

**DOCUMENT # P01000022315**

1. Entity Name

GERALD T. TURGEON, D.O. P.A.

Principal Place of Business

10115 FORESTHILL BLVD SUITE 302  
 WELLINGTON FL 33414

Mailing Address

10115 FORESTHILL BLVD SUITE 302  
 WELLINGTON FL 33414

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

65-1079183

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

CORPORATE CREATIONS NETWORK INC.  
 941 FOURTH STREET #200  
 MIAMI BEACH FL 33139

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

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 13, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURGEON, GERLAD T DR. 10115 FORESTHILL BLVD SUITE 302 WELLINGTON FL 33414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X

SIGNATURE REQUIRED

07/03/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)



**MARTINELLI, COCUY & CO., P.A.**

CERTIFIED PUBLIC ACCOUNTANTS

Attachment  
# PD100002235  
B0128929

12400-A SOUTH SHORE BLVD. • WELLINGTON, FLORIDA 33414 • (561) 793-1927 • Fax: (561) 793-9632 • www.mccplus.com

July 3, 2002

Dept. of State  
Uniform Business Report Filing  
P.O. Box 1500  
Tallahassee FL 32302-1500

RE: UBR Filing

To Whom It May Concern:

Per my conversation with the Dept. of State we are sending in the Uniform Business Report for Gerald T. Turgeon DO PA with an explanation of why we are only sending in \$150.00. The corporation did not receive the original report to file. The office manager for this entity is diligent in her work and would have completed the form or forwarded it to us for completion. Both parties are very diligent about filing reports timely and would not have overlooked this had it been received. Therefore we are requesting waiver of the penalty.

Thank you for your anticipated cooperation.

Respectfully,

Kathleen A. Booth, CPA