

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92208 010 ***150.00

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

DOCUMENT # P01000049367

1. Entity Name
DOMENIC J. SORRESSO, M.D., P.A.



Principal Place of Business
**13901 LAKESHORE BLVD SUITE 140
HUDSON, FL 34667**

Mailing Address
**13901 LAKESHORE BLVD SUITE 140
HUDSON, FL 34667**

2. Principal Place of Business

4255 Riverburch Dr.

Suite, Apt. #, etc.

3. Mailing Address

4255 Riverburch Dr.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Springhill FL

City & State
Springhill FL

4. FEI Number
59-3718938

Applied For
☐ Not Applicable

Zip
34607

Country
USA

Zip
34607

Country
USA

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

6. Name and Address of Current Registered Agent

**GASSMAN, ALAN S. BSG
1245 COURT STREET SUITE 102
CLEARWATER, FL 33756**

7. Name and Address of New Registered Agent

Name
Jeanette Sorresso

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

4255 Riverburch Dr.

City
Springhill FL

Zip Code
34607

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's signature required when reinstating)

DATE

4/25/03

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SORRESSO, DOMENIC J MD
13910 LAKESHORE BLVD SUITE 140
HUDSON, FL 34667**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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☐ Change ☐ Addition

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 empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Case

Daytime Phone #

4/25/03

CR2E034 (10/02)