

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000058285

1. Entity Name

CATHERINE C. MADAFFARI, M.D., P.A.

FILED
Aug 25, 2002 8:00 am
Secretary of State

08-25-2002 90198 014 ***150.00

0003786 AV

Principal Place of Business
1329 MARSH HARBOR DRIVE
JACKSONVILLE FL 32225

Mailing Address
1329 MARSH HARBOR DRIVE
JACKSONVILLE FL 32225

00135036



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4745 Sutton Park Court Suite, Apt. #, etc. Suite 701 City & State Jacksonville FL Zip 32224 Country USA		3. Mailing Address as above Suite, Apt. #, etc. City & State Zip Country		4. FEI Number 59-3733115 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				

6. Name and Address of Current Registered Agent HERNANDEZ, ARTHUR 233 EAST BAY STREET SUITE 711 JACKSONVILLE FL 32202	7. Name and Address of New Registered Agent Name ARTHUR HERNANDEZ Street Address (P.O. Box Number is Not Acceptable) ONE INDEPENDENT OLEVE SUITE 2000 City JACKSONVILLE, FL Zip Code 32202
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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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/19/02
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	<input type="checkbox"/> Delete D MADAFFARI, CATHERINE C 1329 MARSH HARBOR DRIVE JACKSONVILLE FL 32225	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF CORPORATION
MADAFFARI, CATHERINE C. P.A. 8/19/02

CR2E034 (4/02)

*Attachment
Dr # P01000058285*
ARTHUR HERNANDEZ
PROFESSIONAL ASSOCIATION
Attorney at Law

One Independent Drive
Suite 2000
Jacksonville, Florida 32202

T: 904.358.1182
F: 904.353.6927
arthur@arthurhernandez.com

August 19, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: P01000058285
Catherine C. Madaffari, M.D., P.A.

Dear Gentlemen,

Please be advise that prior to June 7th, 2002 we had not received any Notice of the 2002 Uniform Business Report which was required to be filed. Enclosed is our filing fee of \$150.00 and completed report. Please note the change of address for the registered agent.

Sincerely,


Arthur Hernández, Esq.