

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

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90162 004 ***150.00

DOCUMENT # P01000077965

1. Entity Name

GREGORY A.ZELLA, D.O., P.A.



Principal Place of Business

8851 GULF BLVD

ST PETERSBURG FL 33706

Mailing Address

8851 GULF BLVD

ST PETERSBURG FL 33706

2. Principal Place of Business

2039 Indian Rocks Rd

3. Mailing Address

2039 Indian Rocks Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Largo FL

City & State

Largo FL

Zip

33774

Country

USA

Zip

33774

Country

USA

4. FEI Number

59-3734724

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

LOVELANCE, WILLIAM K ESO

401 S LINCOLN AVE

CLEARWATER FL 33756

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **ZELLA, GREGORY A**
STREET ADDRESS **8851 GULF BLVD**
CITY-ST-ZIP **ST PETERSBURG FL 33706**

TITLE **D** ☐ Change ☐ Addition
NAME **Zella, Gregory A.**
STREET ADDRESS **2039 Indian Rocks Rd.**
CITY-ST-ZIP **Largo, FL 33774**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 REQUIRED

3/13/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)