

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

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90146 028 \*\*\*150.00

DOCUMENT # P01000080141

1. Entity Name

ELEANOR BARONE, M.D., P.A.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2401 UNIVERSITY PARKWAY

Suite, Apt. #, etc.

204

3. Mailing Address

2401 UNIVERSITY PARKWAY

Suite, Apt. #, etc.

204

City & State  
SARASOTA, FL

City & State  
SARASOTA, FL

4. FEI Number

65-1129522

Applied For

Not Applicable

Zip

34243

Country

U.S.A.

Zip

34243

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
BARONE, ELEANOR M.D.

Street Address (P.O. Box Number is Not Acceptable)  
2401 UNIVERSITY PARKWAY

SUITE 204

SARASOTA

FL

34243

**DO NOT WRITE  
IN THIS SPACE**

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 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
BARONE, ELEANOR M.D.  
2401 UNIVERSITY PARKWAY #204  
SARASOTA, FL 34243

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Eleanor Barone MD PA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

*4/25/02* *(941)351-6131*

CR2E034B (12/01)