

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

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

05-05-2003 90377 043 ***150.00

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DOCUMENT # P01000087012

1. Entity Name

TERESITA Y. DEGAMO, M.D., P.A.



Principal Place of Business

2401 UNIVERSITY PKWY
SUITE #205
SARASOTA FL 34243
US

Mailing Address

P O BOX 48223
SARASOTA FL 34230-5223
US

2. Principal Place of Business

5823 26TH ST W

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BRADENTON FL

City & State
BRADENTON FL

4. FEI Number 65-1135815

Applied For

Not Applicable

Zip 34207

Country USA

Zip 34207

Country USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEGAMO, TERESITA Y M.D.
1818 HILLVIEW STREET
SARASOTA FL 34239

7. Name and Address of New Registered Agent

Name
C. CHARLES O. FULKS
Street Address (P.O. Box Number is Not Acceptable)
5823 26TH ST W

City BRADENTON, FL

Zip Code 34207

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

4/30/03

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
CEO
DEGAMO, TERESITA Y M.D.
1364 HIDDEN CIRCLE EAST
SARASOTA FL 34243

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DEGAMO, TERESITA Y M.D.
801 S KING ST #2003
HONOLULU HI 96813

☐ Addition

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

CR2E034 (10/02)