

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90177 027 ***550.00

DOCUMENT # P01000103154

1. Entity Name
THOMAS P. FITZGERALD, M.D., P.A.

Principal Place of Business

**6577 SUPERIOR AVE
 SARASOTA FL 34231**

Mailing Address

**6577 SUPERIOR AVE
 SARASOTA FL 34231**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1157886

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

**DOOLEY, WILLIAM A
 1432 FIRST STREET
 SARASOTA FL 34236**

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

**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 **D** ☐ Delete
NAME **FITZGERALD, THOMAS P**
STREET ADDRESS **6577 SUPERIOR AVE**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **D** ☒ Change ☐ Addition
NAME **FITZGERALD, THOMAS P**
STREET ADDRESS **1921 WALDEMERE ST., STE. 705**
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 REQUIRED** **THOMAS P. FITZGERALD, M.D., PA** **7/20/02** **941 917 6300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)