2002 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2002 8:00 am P01000109959 DOCUMENT # **Secretary of State** 1. Entity Name 02-13-2002 90203 044 ***150.00 JEFFREY B. COMITALO, M.D., P.A. Principal Place of Business Mailing Address 8333 NORTH DAVIS HIGHWAY 8333 NORTH DAVIS HIGHWAY PENSACOLA FL 32514 PENSACOLA FL 32514 2. Principal Place of Business 3. Mailing Address 3045 GRAYSTONE DR DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For PACE FL 59-3756286 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MITCHELL, WILLIAM R Street Address (P.O. Box Number is Not Acceptable) 3298 SUMMIT BOULEVARD, SUITE 29 JEFFERSON OFFICE PARK PENSACOLA FL 32503 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) TITLE ☐ Change Addition Delete TITLE JEFFERY B CONTTALO, MD NAME NAME CR2E034 STREET ADDRESS 8333 N DAVIS HUY, 200 FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PRISACOLA FL 32514 ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: Y

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