

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90085 048 ***150.00

DOCUMENT # P02000005988

1. Entity Name

JACARANDA FAMILY MEDICINE, P.A.



Principal Place of Business

99 NESBIT STREET
PUNTA GORDA FL 33950

Mailing Address

99 NESBIT STREET
PUNTA GORDA FL 33950

2. Principal Place of Business

4315 S. Tamiami Trail

Suite, Apt. #, etc.

3. Mailing Address

4315 S. Tamiami Trail

Suite, Apt. #, etc.

City & State

Venice, Florida

City & State

Venice, Florida

4. FEI Number

02-0545753

Applied For

Not Applicable

Zip

34293

Country

U.S.A.

Zip

34293

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAHLE, GARY A
99 NESBIT STREET
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

Name

Stephen Sollot

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

c/o Jacaranda Family Medicine

4315 S. Tamiami Trail

City

Venice,

FL

Zip Code

34293

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

Stephen Sollot

(NOTE: Registered Agent signature required when reinstating)

DATE

JAN 21, 2003

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 **D** ☐ Delete
NAME **SOLLOT, STEPHEN D.O.**
STREET ADDRESS **119 CLOVER DRIVE**
CITY-ST-ZIP **HOLLIDAYSBURG PA 16648**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/P/S/T.** ☒ Change ☐ Addition
NAME **Sollot, Stephen D.O.**
STREET ADDRESS **4315 S. Tamiami Trail**
CITY-ST-ZIP **Venice, FL 34293**

TITLE ☐ Change ☐ Addition
NAME
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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 REQUIRED

JAN 21, 2003

941-497-4303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Stephen Sollot, President

Date

Daytime Phone #

CR2E034 (10/02)