

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90183 025 ***158.75

DOCUMENT # P02000125268



1. Entity Name
JOSEPH PEDONE, M.D., P.A.

Principal Place of Business Mailing Address
1001 W COLLEGE BLVD STE B NICEVILLE FL 32518



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address
129 E Redstone Ave Ste A

City & State
Crestview FL

4. FEI Number **51-0438868** Applied For
 Not Applicable

Zip Country
32539 USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PEDONE, JOSEPH
1001 W COLLEGE BLVD STE B
NICEVILLE FL 32518

7. Name and Address of New Registered Agent
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]* DATE

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 **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEDONE, JOSEPH 1001 W COLLEGE BLVD STE B NICEVILLE FL 32518
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **SECTION REQUIRED** **2/6/03** **850-678-7212**
Date Daytime Phone #

CR2E034 (10/02)