

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90008 007 ***150.00

DOCUMENT # P92000013010
1. Entity Name
PROFESSIONAL SERVICE CORPORATION OF L.F. DIDONAT
O, P.A.

Principal Place of Business **Mailing Address**
536 TARPON AVE. **536 TARPON AVE.**
SUITE 1 **SUITE 1**
TARPON SPRINGS FL 34689 **TARPON SPRINGS FL 34689**

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 59-3142786

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

MORRIS, ROBERT
35 W LEMON
TARPON SPRINGS FL 34689

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 **P** ☐ Delete
NAME **DIDONATO, L F**
STREET ADDRESS **536 E. TARPON AVE., #1**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-3-02 (727) 934-5604
 Date Daytime Phone #

CR2E034 (4/02)

Attachment # 871144
P92000013010



Dr. L. F. DiDonato
Chiropractic Physician

1200 S. Pinellas Avenue, Suite 14
Tarpon Springs, Florida, 34689-4344
Telephone: (727) 934-5604

To Whom It May Concern:

This is the only form that I
received (UBR Document # P92000013010).
I relocated my office the first of
April, 2002. My new address is

1200 S. PINELLAS AVE. #14
TARPON SPRINGS, FL. 34689

The mailing address is the same.
I'm sorry for this delay.

Sincerely,
L. F. DiDonato