

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90376 032 ***150.00

DOCUMENT # P93000026686

1. Entity Name
MICHAEL L. CASELNOVA, M.D., P.A.



Principal Place of Business
7209GREENLOPE DR
ZEPHYRHILLS FL 33541
US

Mailing Address
7209GREENLOPE DR
ZEPHYRHILLS FL 33541
US

2. Principal Place of Business
7209 Greenslope Dr.
Suite, Apt. #, etc.

3. Mailing Address
7209 Greenslope Dr.
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3177853**

Applied For
Not Applicable

Zip **Country**

Zip **Country**

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACOBS, RICHARD O
ONE PROGRESS PLAZA
200 CENTRAL AVE STE 1600
SAINT PETERSBURG FL 33701

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ **Delete**
NAME **CASELNOVA, MICHAEL L M**
STREET ADDRESS **6748 GALL BLVD, STE 130**
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

☒ **Change** ☐ **Addition**
TITLE
NAME
STREET ADDRESS **7209 Greenslope Dr.**
CITY-ST-ZIP **Zephyrhills, FL 33541**

TITLE ☐ **Delete**
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STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **Addition**
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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:

MICHAEL L. CASELNOVA, M.D., P.A. President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/2003

CR2E034 (10/02)