

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000049154

1. Entity Name
ANTHONY BRIGNONI, M.D., P.A.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90031 039 ***150.00

Principal Place of Business

3280 TAMiami TRAIL
SUITE 25
PORT CHARLOTTE FL 33952
US

Mailing Address

P.O. BOX 2408
PORT CHARLOTTE FL 33949

2. Principal Place of Business

2484 Caring Way
Suite, Apt. #, etc.
Ste # D

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

Pt. Charlotte FL

City & State

Zip

33952

Country

USA

Country

4. FEI Number

65-0426005

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BRIGNONI, ANTHONY
3280 TAMiami TRAIL
SUITE 25
PORT CHARLOTTE FL 33952

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.

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE **D** ☐ Delete
NAME **BRIGNONI, ANTHONY**
STREET ADDRESS **3280 TAMiami TRAIL STE 25**
CITY-ST-ZIP **PORT CHARLOTTE FL**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **Brignoni, Anthony**
STREET ADDRESS **2484 Caring Way Ste D**
CITY-ST-ZIP **Pt Charlotte FL 33952**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01 (94) 743-6866

Date

Daytime Phone #

CR2E034 (10/00)