## FILED Apr 11, 2002 8:00 am Secretary of State 04-11-2002 90095 025 \*\*\*150.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

P94000048433

**DOCUMENT #** 1. Entity Name

CLEMENT J. DEMASI, M.D., P.A.

Principal Place of Business

Mailing Address

1203 Jacaranda BLVD Venice FL 34292 US		1203 JACARANDA BLVD VENICE FL 34293									
2. Principal Place of Business		3. Mailing Address				(   <b>     </b>		, 1911) 91489 1	111.00		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. F	4. FEI Number 65-0500789		Applied For Not Applicable		}	
Zip	Country Zip C		Coun	try	<b>5</b> . C	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent	gistered Agent			7. Name and Address of New Registered Agent					
				Name		,				1	
DEMASI, CLEMENT J				O A A A A A A A A A A A A A A A A A A A							
			Street Address			s (P.O. Box Number is Not Acceptable)					
460 BAYS										1	
VENICE FI										4	
	\$			City			FL	Zip Code	e		
8. The above	named entity submits this statement fo						ATC		<u>.</u>		
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature re	iquired when rei	instating)	ATE			4	
Tax filing a	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After May 1, 20	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta								
11.	OFFICERS AND	DIRECTORS	12.		ADI	DITIONS/CHANGES TO OFFICERS	AND D	IRECTOR	S IN 11	] .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RX V.P. DEMASI, CLEMENT J 460 BAYSHORE DRIVE VENICE FL	☐ Delete	- 11	ì		•		Change	☐ Addition	(10/0/ VCO)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. Sec., Treas Ronald W. DeMas		TITLI NAM STRE				[	Change	☐ Addition	100	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ا المجاري عام المجاري عام	☐ Delete	II II	- I			[	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4/24	☐ Delete	11		_		[	Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	II II				[	Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby	certify that the information supplied with	Delete	CITY	E EET ADDRÆSS -ST-XP	in Section 1	11907(3)(i), Florida Statutes. I furth		Change  y that the in	Addition Addition	7	

indicated on this report or supplement of the corporation or the receiver or tru-changed, or on an attachment with an a my signature shall have the same legal effect as if made under or t as regulied by Chapter 607, Florida Statutes; and that my name

Daytime Phone #