

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P9400004 8433

1. Entity Name

Clement J Demas, MD, PA



Pd 4-7.03  
✓ # 2530  
FILED

03 JUL 14 AM 8:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1203 Jacaranda Blvd

Suite, Apt. #, etc.

3. Mailing Address

1203 Jacaranda

Suite, Apt. #, etc.

City & State

Venice, FL

City & State

Venice, FL

Zip

34292

Country

SARASOTA

Zip

34292

Country

SARASOTA

4. FEI Number

650500789

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Ronald W. Demas

Street Address (P.O. Box Number is Not Acceptable)

1203 Jacaranda Blvd

City

Venice

FL

Zip Code

34292

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, for 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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME

President, Treasurer  
Ronald W. Demas

STREET ADDRESS

1203 Jacaranda Blvd

CITY - ST - ZIP

Venice FL 34292

TITLE  
NAME

Vice President, Secretary  
Ravi Kondapalli

STREET ADDRESS

1203 Jacaranda Blvd

CITY - ST - ZIP

Venice, FL 34292

TITLE  
NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/9/03

4-7.03 941 492-9756

*Ronald W. DeMasi, M.D.*  
*Venice Health Park*  
*1203 Jacaranda Boulevard*  
*Venice, Florida 34292*  
*(941) 492-9756 • Fax (941) 493-8941*

July 9, 2003

Florida Department of State,

Check #2530


Track #90090032 \$150.00

RE: UBR Form

Document# P94000048433

Enclosed please find a copy of the original form that was first signed on 4-7-03.  
We did receive the form back which needed to be corrected. The corrections were made  
and sent back on 4-29-03. When I spoke with Ula, with the department of corporations,  
I was told you have yet to receive the corrected form. She had advised me to have  
Ronald DeMasi re-sign and date the form and mail back with this letter of explanation.  
Please accept this form and not charge us the late filing fee.

Thank You,

  
Lynn Neutzling  
Practice Manager