

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000053469

1. Entity Name

VIRGINIA CONDELLO, M.D., P.A.

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90004 043 ***150.00

Principal Place of Business

~~SOUTH MIAMI TRAIL EAST~~
NAPLES FL

Mailing Address

VIRGINIA CONDELLO, M.D., P.A.
150 13TH AVE S.
NAPLES FL 34102
US

2. Principal Place of Business

2335 Tamiami Trail N.

3. Mailing Address

Suite, Apt. #, etc.

Suite 205

City & State

Naples, FL

City & State

Zip

Country

FL 34103

USA

Zip

Country

6. Name and Address of Current Registered Agent

KEEGAN, DAVID J.
150 13TH AVE S.
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name

Virginia Condello, M.D.

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

Virginia Condello Virginia Condello - President 2/7/01

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 P
NAME CONDELLO, VIRGINIA
STREET ADDRESS 9001 TAMiami TR
CITY-ST-ZIP NAPLES FL ☐ Delete

TITLE T
NAME KEEGAN, DAVID
STREET ADDRESS 150 13TH AVE S.
CITY-ST-ZIP NAPLES FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P T S
NAME Condello, Virginia
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Virginia Condello Virginia Condello 2/7/01 (941) 436-3908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0393314