8
88

**FILED** 

Jan 09, 2002 8:00 am **Secretary of State** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 

## P94000069955 1. Entity Name 01-09-2002 90020 045 \*\*\*150.00 ₹ JOSEPH F. SAVONA, M.D., P.A. Principal Place of Business Mailing Address 700806 8000 RED BUG LAKE ROAD 8000 RED-BUG LAKE ROAD SUITE 230 SUITE 230 OVIEDO FL 32765-8084 OVIEDO FL 32765-8064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3268809 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CAROLAN, J P III Street Address (P.O. Box Number is Not Acceptable) 390 NORTH ORANGE AVENUE SUITE 600 ORLANDO FL 32802 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 (9/01)☐ Addition TITLE ☐ Delete TITLE Change NAME SAVONA, JOSEPH F M.D. NAME CR2E034 STREET ADDRESS STREET ADDRESS 8000 RED BUG LAKE ROAD, STE. 230 CITY-ST-ZIP OVIEDO FL 32765 CITY-ST-7IP TITLE TITLE ☐ Change ☐ Addition Delete NAME NAME TOKARSKI, PENELOPE A. M STREET ADDRESS 8000 RED BUG LAKE RD #230 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL 32765 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

1-5-2002 409.365.4499

TITLE

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

☐ Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ Change

☐ Addition