

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000015019

1. Entity Name
FRANK B. MARSALISI, M.D., P.A.

Principal Place of Business

603 7TH ST S
STE 560
ST PETERSBURG FL 33701
US

Mailing Address

603 7TH ST S
STE 560
ST PETERSBURG FL 33701
US

2. Principal Place of Business

7035 Central Avenue

Suite, Apt. #, etc.

B

City & State

St. Petersburg, Florida.

Zip

33710

Country

USA

3. Mailing Address

7035 Central Avenue

Suite, Apt. #, etc.

B

City & State

St. Petersburg, Florida

Zip

33710

Country

USA

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90006 021 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3317297

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARSALISI, FRANK B. M.D. MP.A.
603 7TH ST S
STE 560
ST PETERSBURG FL 33701

Name

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

7035 Central Avenue

Suite B

City St. Petersburg

FL

Zip Code 33710

7. Name and Address of New Registered Agent

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, 2002 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 PSTD
NAME MARSALISI, FRANK B
STREET ADDRESS 603 7TH ST S, STE 560
CITY-ST-ZIP ST PETERSBURG FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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:

FRANK B. MARSALISI, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK B. MARSALISI, M.D.

1/4/02

Date

727-347-8039

Daytime Phone #

CR2E034 (9/01)