

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000018264

FILED  
Apr 11, 2002 8:00 AM  
Secretary of State

**Entity Name:** MATRICIA MEDICAL CARE, P.A.

**Current Principal Place of Business:**

1768 REGATTA DR  
AMELIA ISLAND, FL 32034

**New Principal Place of Business:**

**Current Mailing Address:**

1768 REGATTA DR  
AMELIA ISLAND, FL 32034

**New Mailing Address:**

**FEI Number:** 59-3313584

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MATRICIA, DANIEL J  
3056 S. FLETCHER  
FERNANDINA BCH., FL 32034 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MATRICIA, DANIEL J  
Address: 1768 REGATTA DR  
City-St-Zip: AMELIA ISLAND, FL

Title: S ( ) Delete  
Name: MATRICIA, SUE M  
Address: 1768 REGATTA DR  
City-St-Zip: AMELIA ISLAND, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MATRICIA, DANIEL J  
Address: 1768 REGATTA DR  
City-St-Zip: AMELIA ISLAND, FL 32034

Title: S (X) Change ( ) Addition  
Name: MATRICIA, SUE M  
Address: 1768 REGATTA DR  
City-St-Zip: AMELIA ISLAND, FL 32034

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** DANIEL MATRICIA

P

04/11/2002

Electronic Signature of Signing Officer or Director

Date