2002 UNIFORM BUSINESS REPORT

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

02 OCT 22 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000045934

1. Entity Name

Katina A. Matthews-Ferrari, M.D., P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
19022 Midway Blvd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Charlotte, FL	City & State
Zip: 33948 / Country: Charlotte	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number — ☐ 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: Katina A. Matthews-Ferrari

Street Address (P.O. Box Number is Not Acceptable): 19022 Midway Blvd.

City: Port Charlotte FL Zip Code: 33948

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's 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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Katina A. Matthews-Ferrari 19022 Midway Blvd. Port Charlotte, FL 33948
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CR2E034B (12/01)

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 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 #

T.S. CHECHELE, P.A.

Attorney at Law

T. Samantha Chechele, Esq.
5625 Central Avenue
St. Petersburg, FL 33710

Phone (727) 381-6007
Facsimile (727) 381-7909

October 16, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Katina A. Matthews-Ferrari, M.D., P.A.

Dear Sir or Madam:

I am writing on behalf of the above-referenced entity, to forward to you the Uniform Business Report for the corporation. Although the corporation's address has not changed, the corporation did not receive the Uniform Business Report form. This fact came to the attention of the corporation's sole shareholder and officer, upon turning in the corporation's tax information to the CPA for tax return preparation.

Enclosed is a replacement UBR form, along with a check in the amount of $150.00. The corporation respectfully requests that you would accept this as full payment of the 2002 UBR fee.

The corporation will not ask for this consideration again in the future. Thank you for your attention to this matter.

Very truly yours,

T. Samantha Chechele

cc: Dr. Katina A. Matthews-Ferrari, President

Enclosures