

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90262 043 \*\*\*150.00

**DOCUMENT # P95000054836**

1. Entity Name

**J. TERRY PETRELLA, M.D., P.A.**

Principal Place of Business

**5741 BEE RIDGE ROAD FOURTH FLOOR  
 SUITE 490  
 SARASOTA FL 34233**

Mailing Address

**5741 BEE RIDGE ROAD FOURTH FLOOR  
 SUITE 490  
 SARASOTA FL 34233**

2. Principal Place of Business

**2800 Bahia Vista St.  
 Suite, Apt. #, etc.  
 200**

3. Mailing Address

**2800 Bahia Vista St.  
 Suite, Apt. #, etc.  
 200**

City & State

**Sarasota, FL**

City & State

**Sarasota, FL**

Zip Country

**34239**

Zip Country

**34239**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0595624**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PETRELLA, JUDITH T MD  
 5741 BEE RIDGE ROAD FOURTH FLOOR  
 SARASOTA FL 34233**

Name

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

**2800 Bahia Vista St.  
 Suite 200**

City **Sarasota**

FL

Zip Code **34239**

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

*J T Petrella MD PA*

*April 28, 2001*

Signature, typed or printed name of registered agent and date 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PETRELLA, JUDITH T MD</b>	
STREET ADDRESS	<b>5741 BEE RIDGE ROAD #490</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34233</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Petrella, Judith T. M.D.</b>	
STREET ADDRESS	<b>2800 Bahia Vista, Ste 200</b>	
CITY-ST-ZIP	<b>Sarasota, FL 34239</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *J T Petrella MD PA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*4/28/01*

Daytime Phone #

*941 3705131*

CR2E034 (10/00)