

DOCUMENT # P96000094090

ANTHONY CUVA, M.D., P.A.



**Sep 05, 2000 8:00 am**  
**Secretary of State**

1213 EDGEWATER CIRLE  
BRADENTON FL 34209

ANTHONY CAVA, M.D.  
P.O. BOX 14430  
BRADENTON FL 34280  
US

65-0706422

☐

CUVA, ANTHONY J  
100 SOUTH ASHLEY DRIVE  
SUITE 1500  
TAMPA FL 33602

City

FL

Zip Code

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CUVA, ANTHONY MD	
STREET ADDRESS	1213 EDGEWATER CIRCLE	
CITY-ST-ZIP	BRADENTON FL 34209	

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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 ~~the~~ empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

CR2E034 (5/00)