2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000000951

1. Entity Name

SUNTREE MEDICAL ASSOCIATES, P.A.

FILED
Mar 06, 2001 8:00 am
Secretary of State
03-06-2001 90305 015 ***150.00

0082323

816760

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~6300 N. WICKHAM ROAD #101~~	~~6300 N. WICKHAM ROAD #101~~
~~MELBOURNE FL 32940~~	~~MELBOURNE FL 32940~~

2. Principal Place of Business	3. Mailing Address
6420 3rd Street	6420 3rd Street
Suite, Apt. #, etc.: Suite 104	Suite, Apt. #, etc.: Suite 104
City & State: Rockledge FL	City & State: Rockledge FL
Zip: 32955 Country: USA	Zip: 32955 Country: USA

4. FEI Number 59-3424634 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KANCILIA, JOHN R ESQ.
~~1606 W. HIBISCUS BLVD~~
~~MELBOURNE FL 32940~~

7. Name and Address of New Registered Agent

Name: ~~Kancilia, John ESQ~~
Street Address (P.O. Box Number is Not Acceptable): 1800 West Hibiscus Blvd Suite 138
City: Melbourne FL Zip Code: 32902

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: address change only
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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PST SALADINO, CARL M.D. 7085 S. TROPICAL TRAIL MERRITT ISLAND FL 32952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: Saladino - President 2-28-01 321-757-9711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #