

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000010131

1. Entity Name  
FELICE I. KOSCINSKI, M.D., P.A.

**FILED**  
**Jul 14, 2000 8:00 am**  
**Secretary of State**

07-14-2000 90017 004 \*\*\*150.00

Principal Place of Business  
744 PALMERA DRIVE E  
PONTE VEDRA FL 32082-404  
US

Mailing Address  
744 PALMERA DRIVE E  
PONTE VERDRA FL 32082-404  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3424413**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KOSCINSKI, FELICE I  
744 PALMERA DRIVE E  
PONTE VIEDRA FL 32082-2404

Name

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

City

**FL**

Zip Code

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 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 \$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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **KOSCINSKI, FELICE I MD**  
STREET ADDRESS **744 PALMERA DRIVE**  
CITY-ST-ZIP **PONTE VEDRA FL 32082-2404**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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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: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/8/00 904.285.9166**  
Date Daytime Phone #

attachment doc # P97000010131  
B0102053

July 8, 2000

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302 - 1500

Dear Department Manager,

I just received my Florida Department of State 2000 UNIFORM BUSINESS REPORT (second notice). I am in a tizzy as I am wondering where my first notice is. I might have an answer since several key documents over this past spring were delivered to a grouchy neighbor who tossed them in the garbage rather than forward them on. As a responsible business owner that likes to maintain above average creditability (by filing items timely), I am hoping that the enclosed check will keep my company in good faith with the annual filing procedure.

Your attention to this matter is greatly appreciated.

Sincerely,



Felice I Koscinski, M.D.  
FEI # 59-3424413  
744 Palmera Drive East  
Ponte Vedra Beach, FL 32082  
(904) 285-9166