

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90593 035 ***150.00

DOCUMENT # P97000010552

1. Entity Name
INTER-MEDIC MEDICAL GROUP, P.A.



Principal Place of Business
**2885 TAMiami TRAIL
PORT CHARLOTTE FL 33952**

Mailing Address
**2885 TAMiami TRAIL
PORT CHARLOTTE FL 33952**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0741457**

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

**MOORE, JOHN L ESQ
200 SOUTH ORANGE AVENUE
SARASOTA FL 34236**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Delete
NAME **CASANOVA, E**
STREET ADDRESS **2885 TAMiami TR**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

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

TITLE **VD** ☐ Delete
NAME **CASANOVA, L**
STREET ADDRESS **2885 TAMiami TR**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

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

TITLE **VD** ☐ Delete
NAME **GILLETTE, JIMY**
STREET ADDRESS **2885 TAMiami TRAIL**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **BT/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **SASLOW, H**
STREET ADDRESS **2885 TAMiami TRAIL**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

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

TITLE **SD** ☐ Delete
NAME **OLIVER, JACINTO**
STREET ADDRESS **2885 TAMiami TRAIL**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

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

TITLE **TD** ☐ Delete
NAME **MELSER, M**
STREET ADDRESS **2885 TAMiami TRAIL**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **S/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, 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 #

CR2E034 (10/02)

Attachment

700 2847

p97000010552

2003 UNIFORM BUSINESS REPORT
 INTER-MEDIC MEDICAL GROUP, P.A.
 DOCUMENT #P97000010552
 FEI NO. #65-0741457

ATTACHMENT #P97000010552

TITLE NAME ST. ADDRESS CITY-ST-ZIP	V/D BARTECK, JAMES 2885 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952	DELETE	CHANGE	ADDITION
TITLE NAME ST. ADDRESS CITY-ST-ZIP	V/D BHAT, SALIGRAMA M. 2885 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952	DELETE	CHANGE	ADDITION
TITLE NAME ST. ADDRESS CITY-ST-ZIP	V/D CIVITELLA, THOMAS 2885 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952	DELETE	CHANGE	ADDITION
TITLE NAME ST. ADDRESS CITY-ST-ZIP	V/D NACKLEY, GEORGE 2885 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952	DELETE	X CHANGE TITLE p/d	ADDITION
TITLE NAME ST. ADDRESS CITY-ST-ZIP	V/D RIOUX, JOHN 2885 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952	DELETE	CHANGE	ADDITION
TITLE NAME ST. ADDRESS CITY-ST-ZIP	V/D RODRIGUEZ, VICTOR 2885 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952	DELETE	CHANGE	ADDITION
TITLE NAME ST. ADDRESS CITY-ST-ZIP	V/D RODRIGUEZ-MARTIN, ARTURO 2885 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952	DELETE	CHANGE	ADDITION
TITLE NAME ST. ADDRESS CITY-ST-ZIP	V/D TORNER, JAIME 2885 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952	DELETE	CHANGE	ADDITION