

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2000 08:00 AM****Secretary of State****DOCUMENT # P97000035625****1. Entity Name**

RICHARD CARINO, M.D., P.A.

Principal Place of Business

122 TALBOT

PINE BLUFF

71601

US

AR

Mailing Address

P O BOX 7445

PINE BLUFF

71611

US

AR

2. Principal Place of Business

3336 CANTRELL STREET

Suite, Apt. #, etc.

3. Mailing Address

P O BOX 659

Suite, Apt. #, etc.

City & State

HOLIDAY FLORIDA

FL

Zip

34690

Country

US

City & State

ELFERS FLORIDA

FL

Zip

34680

Country

US

4. FEI Number**59-3442247****Applied For****Not Applicable****5. Certificate of Status Desired**☒**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**

HODGES GEOFFREY T

400 N. TAMPA ST., STE. 2630

TAMPA

33602

US

FL

7. Name and Address of New Registered Agent**Name**

CARINO RICHARD MD

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

422 SOUTH FLORIDA AVENUE

SUITE D.City
LAKELAND**FL**Zip Code
33801**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 RICHARD CARINO**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04/28/2000

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, 2000 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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	CARINO RICHARD	108 BAYVIEW BLVD.	FL 34677	
		OLDSMAR		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
SECR	CARINO ANGEL	4808 BRENTON DRIVE	FL 34690		
		HOLIDAY FLORIDA			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
VP	CARINO FRANCESCO YOU	4808 BRENTON DRIVE	FL 34690		
		HOLIDAY			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D	CARINO RICHARD	P.O. BOX 659	FL 34680		
		ELFERS			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:** Richard Carino

date: 04/28/2000