

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

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90123 017 ***150.00

DOCUMENT # *P97000037014*

1. Entity Name

Americo Perry Vitale, Ph.D. P.A.



DO NOT WRITE IN THIS SPACE

20024434

2. Principal Place of Business
2231 N. University Drive

3. Mailing Address
Same

Suite, Apt. #, etc.
Suite C

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Pembroke Pines, Florida

City & State

4. FEI Number
65-0752636

Applied For
Not Applicable

Zip
33024

Country

Zip

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Americo Perry Vitale

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

7558 NW 17 Drive

City
Pembroke Pines, Florida

FL

Zip Code
33024

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Americo Perry Vitale, Ph.D. 7558 NW 17th Drive, <i>Pembroke Pines, FL 33024</i>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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 exercise this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Americo Perry Vitale, Ph.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

1/31/03 (954) 989-8818

CR2E034B (12/02)