

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2002 8:00 am
Secretary of State

08-14-2002 90023 018 ***150.00

DOCUMENT # P97000065948

1. Entity Name
ROBERT N. GALLINARO, M.D., P.A.

Principal Place of Business

2010 SW 43RD PL.
 OCALA FL 34474

Mailing Address

2010 SW 43RD PL.
 OCALA FL 34474

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3463683

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

GALLINARO, ROBERT N
1541 SW 1ST AVE., STE. 105
OCALA FL 34474

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

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 (50.00)
After September 13, 2002 Fee 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 **D** ☐ Delete
 NAME **GALLINARO, ROBERT N**
 STREET ADDRESS **2010 SW 43RD PL.**
 CITY-ST-ZIP **OCALA FL 34474**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Robert N. Gallinaro
ROBERT N. GALLINARO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/02 (352) 873-9351

Date Daytime Phone #

CR2E034 (4/02)

Attachment

P97000065948

August 12, 2002

Division of Corporations

Uniform Business Report Filings

P.O. Box 1500

Tallahassee, FL 32302-1500

Re: Uniform business report for Robert N. Gallinaro, M. D., P.A. FEI 59-3463683

Dear Sir,

In preparing to fill out my Uniform Business Report for the year 2002, I realized that the notification sent to me is, in fact, a late notification. I did not receive the first notification which should have been mailed to me in January, 2002 and returned to you by May 1, 2002. I telephoned the Division of Corporations and spoke to Carol who informed me that I should enclose this letter of explanation, the annual report, and the original fee of \$150.00 to you.

I regret that this report is late, but if you would please mail the first notification to me prior to May, I can easily return it to you before it is past due. Please mail future

correspondences to:

Robert N. Gallinaro

2010 SW 43rd Place

Ocala, FL 34474.

Thank you very much.

Sincerely,

Robert N. Gallinaro
Robert N. Gallinaro