

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

0156898
AV

DOCUMENT # P98000001582

1. Entity Name
PETER TOMASELLO, D.O., P.A.



Principal Place of Business
**3702 WASHINGTON STREET
SUITE #201
HOLLYWOOD FL 33021**

Mailing Address
**922 S. SOUTHLAKE DRIVE
HOLLYWOOD FL 33019**

10095560



2. Principal Place of Business
1380 N.E. Miami Gardens Drive

3. Mailing Address

Suite, Apt. #, etc.
Suite 210

Suite, Apt. #, etc.

City & State
N. Miami Beach, Florida

City & State

Zip
33179

Country
USA

Zip

Country

4. FEI Number **65-0803441**

Applied For
☒ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**TOMASELLO, PETER
922 S. SOUTHLAKE DR.
HOLLYWOOD FL 33019**

7. Name and Address of New Registered Agent

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

TITLE : **D** ☐ Delete
NAME : **TOMASELLO, PETER**
STREET ADDRESS : **922 S. SOUTHLAKE DRIVE**
CITY-ST-ZIP : **HOLLYWOOD FL 33019**

TITLE : ☐ Delete
NAME :
STREET ADDRESS :
CITY-ST-ZIP :

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STREET ADDRESS :
CITY-ST-ZIP :

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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)(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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-26-03** Daytime Phone # **305 949 7762**

CR2E034 (10/02)