

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000013775

1. Entity Name

C. STEPHEN PATTI, M.D. PA

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90408 016 ***150.00

Principal Place of Business

2401 UNIVERSITY PKWY
#204
SARASOTA FL 34243

Mailing Address

2401 UNIVERSITY PKWY
#204
SARASOTA FL 34243

2. Principal Place of Business

2075 SOUTH TAMiami TRAIL

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

BRADENTON FL

Zip

34239

Country

USA

Zip

Country

4. FEI Number

65-0805971

Applied For

Not Applicable

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

PATTI, C. STEPHEN M.D.
3845 BEE RIDGE ROAD
SARASOTA FL 34233

Name

(NOTE: ONLY CHANGE OF ADDRESS)

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

10811 BULLRUSH TERRACE

City

BRADENTON

FL

Zip Code

34202

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

Signature, typed or printed name of registered agent and date 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 \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME PATTI, C. STEPHEN M.D.
STREET ADDRESS 3845 BEE RIDGE ROAD
CITY-ST-ZIP SARASOTA FL 34233

TITLE ☒ Change ☐ Addition
NAME 10811 BULLRUSH TERRACE ADDRESS ONLY
STREET ADDRESS BRADENTON, FL 34202
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

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

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/00)