

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90196 033 ***150.00

DOCUMENT # **P98000013775**

1. Entity Name

C. STEPHEN PATTI, M.D. PA



Principal Place of Business

**1217 EAST AVENUE
SUITE 307
SARASOTA FL 34239**

Mailing Address

**1217 EAST AVENUE
#307
SARASOTA FL 34239**

2. Principal Place of Business

**1857 FLOYD ST
Suite, Apt. #, etc.
SUITE 100**

3. Mailing Address

SAME
Suite, Apt. #, etc.

City & State

SARASOTA

City & State

SARASOTA

Zip

FL

Country

USA

Zip

34239

Country

USA

4. FEI Number

65-0805971

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

**PATTI, C. STEPHEN M.D.
10811 BULLRUSH TERRACE
BRADENTON FL 34202**

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 **PATTI, C. STEPHEN M.D.**
STREET ADDRESS **10811 BULLRUSH TERRACE**
CITY-ST-ZIP **BRADENTON FL 34202**

TITLE **S** ☒ Delete
NAME **PATTI, DANIELLE M.D.**
STREET ADDRESS **10811 BULLRUSH TERRACE**
CITY-ST-ZIP **BRADENTON FL 34202**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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STREET ADDRESS
CITY-ST-ZIP

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

C STEPHEN PATTI 4/14/03 941 954-0266

Date

Daytime Phone #

CR2E034 (10/02)