

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000015634**

1. Entity Name

MARY B. TOMASELLI, M.D. P.A.

Principal Place of Business

**1283 N. UNIVERSITY DRIVE
CORAL SPRINGS FL 33071**

Mailing Address

**1283 N. UNIVERSITY DRIVE
CORAL SPRINGS FL 33071**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0141587

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

TOMASELLI, MARY B.

**1283 N. UNIVERSITY DRIVE
CORAL SPRINGS FL 33071**

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.

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 \$150.00
After May 1, 2002 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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 24, 2002 8:00 am
Secretary of State

06-25-2002 90445 001 ***150.00
06-25-2002 90445 002 *****5.00
07-24-2002 90158 001 ***395.00
07-24-2002 90158 002 *****8.95

- 97733



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

Attachment
Comprehensive Breast Center of Coral Springs
Mammography • Breast Ultra Sound • Stereotactic Core Needle Biopsy

91133

#P98000015234

Margarita Alarcon, M.D.
Radiology

Mary Beth Tomaselli, M.D.
Surgery of the Breast

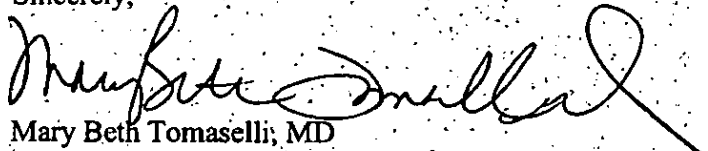
Uniform Business Report
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

June 19, 2002

To whom it may concern,

I recently terminated my office manager, Kate Lago. In going through her desk I found the 2002 Uniform Business Report, which is now past due. Please reconsider your late fee. I have enclosed the application with a check for \$155.00. Thank you in advance.

Sincerely,


Mary Beth Tomaselli, MD