

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 12, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000030705**1. Entity Name  
DALE G. SALATICH, M.D., P.A.

Principal Place of Business 1803 PARK CENTER DRIVE, SUITE 110  ORLANDO FL 32835	Mailing Address 1803 PARK CENTER DRIVE, SUITE 110  ORLANDO FL 32835
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2. Principal Place of Business 1803 PARK CENTER DRIVE, SUITE	3. Mailing Address 1803 PARK CENTER DRIVE
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Suite, Apt. #, etc. SUITE 110	Suite, Apt. #, etc. SUITE 110
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City & State ORLANDO FL	City & State ORLANDO FL
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Zip 32835	Country	Zip 32835	Country
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4. FEI Number <b>59-3490701</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**O'QUINN MICHAEL A.U.  
FOWLER, BARICE, FEENEYU & O'QUINN, P.A.  
28 WEST CENTRAL BLVD., 4TH FLOOR  
ORLANDO FL 32801 US**7. Name and Address of New Registered Agent**Name  
O'QUINN MICHAEL A.U.  
Street Address (P.O. Box Number is Not Acceptable)  
FOWLER, BARICE, FEENEYU & O  
28 WEST CENTRAL BLVD., 4TH FLOOR  
City  
ORLANDO FL Zip Code  
32801

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 \_\_\_\_\_ **04/12/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALATICH DALE G.M.D. 1803 PARK CENTER DRIVE, SUITE 110 ORLANDO FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR SALATICH DALE G.M.D. 1803 PARK CENTER DRIVE, SUITE 110 ORLANDO FL 32835	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DALE G. SALATICH, M.D.**

DR 04/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)