

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000030705**

1. Entity Name
DALE G. SALATICH, M.D., P.A.

FILED

Apr 12, 2001 08:00 AM
Secretary of State

Principal Place of Business

1803 PARK CENTER DRIVE, SUITE 110

Mailing Address

1803 PARK CENTER DRIVE, SUITE 110

ORLANDO
32835

FL

ORLANDO
32835

FL

2. Principal Place of Business

1803 PARK CENTER DRIVE, SUITE

3. Mailing Address

1803 PARK CENTER DRIVE

Suite, Apt. #, etc.
SUITE 110

Suite, Apt. #, etc.
SUITE 110

City & State

ORLANDO

FL

City & State

ORLANDO

FL

Zip
32835

Country

Zip
32835

Country

4. FEI Number

59-3490701

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

O'QUINN MICHAEL A.U.
FOWLER,BARICE,FEENEYU & O'QUINN, P.A.

28 WEST CENTRAL BLVD., 4TH FLOOR

ORLANDO FL
32801 US

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)

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 SALATICH DALE G.M.D.
STREET ADDRESS 1803 PARK CENTER DRIVE, SUITE 110
CITY-ST-ZIP ORLANDO FL 32835

TITLE DR Change Addition
NAME SALATICH DALE G.M.D.
STREET ADDRESS 1803 PARK CENTER DRIVE, SUITE 110
CITY-ST-ZIP ORLANDO FL 32835

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
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
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 807, 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DR

04/12/2001

Date

Daytime Phone #

CR2E034 (11/00)