

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90613 050 \*\*\*150.00

**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**

2. Principal Place of Business  
**1911 N. Mills Avenue**  
Suite, Apt. #, etc.

3. Mailing Address  
**1911 N. Mills Avenue**  
Suite, Apt. #, etc.

City & State  
**Orlando, Florida**

City & State  
**Orlando, Florida**

Zip Country  
**32803 U.S.**

Zip Country  
**32803 U.S.**

4. FEI Number **59-3490701**

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**

**O'QUINN, MICHAEL A ESQ  
FOWLER, BARICE, FEENEY & O'QUINN  
28 WEST CENTRAL BLVD 4TH FLOOR  
ORLANDO FL 32801**

**7. Name and Address of New Registered Agent**

Name  
**O'Quinn, Michael A., Esquire**  
Street Address (P.O. Box Number is Not Acceptable)  
**28 W. Central Blvd., Suite 400**  
**Fowler & O'Quinn**  
City Zip Code  
**Orlando FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

**Michael A. O'Quinn**

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/03/03**

**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 **DR** ☐ Delete  
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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **DR** ☒ Change ☐ Addition  
NAME **Dale G. Salatich, M.D., P.A.**  
STREET ADDRESS **1911 N. Mills Avenue**  
CITY-ST-ZIP **Orlando, Florida 32803**

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

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

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TITLE ☐ Change ☐ Addition  
NAME  
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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/6/03 (407) 578-9820**

CR2E034 (10/02)