

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State
 04-05-2001 90005 023 ***158.75

0625018

DOCUMENT # P98000056643

1. Entity Name

PAUL F. FOTI, M.D., F.C.C.P., PROFESSIONAL ASSOC

Principal Place of Business

**1615 PASADENA AVE SOUTH, STE 480
 ST PETERSBURG FL 33707**

Mailing Address

**PO BOX 66405
 ST PETERSBURG FL 33736**

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

59-3521827

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ZACUR, RICHARD A
 5200 CENTRAL AVE
 ST PETERSBURG FL 33707**

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.

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, 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 **FOTI, PAUL F M.D.**
 STREET ADDRESS **1615 PASADENA AVE SOUTH, STE 480**
 CITY-ST-ZIP **ST PETERSBURG FL 33707**

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

TITLE **S** ☐ Delete
 NAME **FOTI, LAURIE C**
 STREET ADDRESS **1615 PASADENA AVE S**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33707**

TITLE ☐ Change ☐ Addition
 NAME **Foti, Laurie L., CFO** ☒ Change ☐ Addition
 STREET ADDRESS **1615 PASADENA AVE SO., STE 480**
 CITY-ST-ZIP **ST. PETERSBURG, FL. 33707**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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 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

April 3, 2001 (727) 247-5242

Date

Daytime Phone #

CR2E034 (10/00)