

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90025 033 ***150.00

DOCUMENT # P98000065035

1. Entity Name
LUCIANO BOEMI, M.D.,P.A.

Principal Place of Business
870 111TH AVE N #10
NAPLES FL 34108
US

Mailing Address
870 111TH AVE N #10
NAPLES FL 34108
US

2. Principal Place of Business
11181 Health Park Blvd
 Suite, Apt. #, etc.
3030
 City & State
Naples FL
 Zip
34110
 Country
USA

3. Mailing Address
11181 Health Park Blvd
 Suite, Apt. #, etc.
Suite 3030
 City & State
Naples, FL
 Zip
34110
 Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3524496**
 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FARMER, AARON A
3001 TAMiami TRAIL N 4TH FLOOR
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name **Charles M. Tatelbaum**
 Street Address (P.O. Box Number is Not Acceptable)
3001 Tamiami Trail N.
 City **Naples** FL **34104**

8. The above named entity is changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE
 Signature, typed or printed

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 NAME STREET ADDRESS CITY-ST-ZIP	D BOEMI, LUCIANO 870 111TH AVE N #10 NAPLES FL 34108	<input type="checkbox"/> Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)