

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000065035

FILED
Apr 01, 2002 8:00 AM
Secretary of State

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

Current Principal Place of Business:

11181 HEALTH PARK BLVD
3030
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

11181 HEALTH PARK BLVD
3030
NAPLES, FL 34110 US

New Mailing Address:

FEI Number: 59-3524496

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TATELBAUM, CHARLES M
3001 TAMiami TRAIL N
NAPLES, FL 34104

Name and Address of New Registered Agent:

CLASP INC.
3001 TAMiami TRAIL N
4TH FLOOR
NAPLES, FL 34104

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: JOEL SCHECHTER, AS PRESIDENT OF CLASP INC.

04/01/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOEMI, LUCIANO
Address: 870 111TH AVE N #10
City-St-Zip: NAPLES, FL 34108

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: BOEMI, LUCIANO
Address: 11181 HEALTH PARK BLVD #3030
City-St-Zip: NAPLES, FL 34110

Title: DVP () Change (X) Addition
Name: BOEMI, CASSIE
Address: 11181 HEALTH PARK BLVD #3030
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUCIANO BOEMI, M.D.

P

04/01/2002

Electronic Signature of Signing Officer or Director

Date