

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000075476**

1. Entity Name

GULFCOAST MEDICAL ARTS CENTER, INC.**FILED****Feb 06, 2001 8:00 am**
Secretary of State

02-06-2001 90303 029 ***150.00

Principal Place of Business

**5455 JAEGER ROAD
NAPLES FL 34109**

Mailing Address

**5455 JAEGER ROAD
NAPLES FL 34109**

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 **59-3536158**

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

**SOLDAVINI, BRIGID
5455 JAEGER ROAD
NAPLES FL 34109**

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 State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	
NAME	RYAN, JR, GEORGE	NAME	
STREET ADDRESS	5455 JAEGER RD	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34109	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	PARADIS, JAMES F	NAME	
STREET ADDRESS	5455 JAEGER RD	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34109	CITY-ST-ZIP	
TITLE	TS	TITLE	
NAME	SOLDAVINI, BRIGID	NAME	
STREET ADDRESS	5455 JAEGER RD	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34109	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

Date

Daytime Phone #

2/1/2001

CR2E034 (10/00)