

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90043 044 \*\*\*150.00

A0035407

DOCUMENT # **P98000076079** ✓


1. Entity Name  
**Johanna L. D'Urso, M.D., PA**

Principal Place of Business Mailing Address  
**123 Carlyle Ci 123 Carlyle Ci**  
**Palm Harbor Fl 34683 Palm Harbor Fl 34683**

2. Principal Place of Business 3. Mailing Address  
**123 Carlyle Ci 123 Carlyle Ci**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Palm Harbor**  
 City & State City & State  
**Fl Palm Harbor Fl**  
 Zip Country Zip Country  
**34683 USA 34683 USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
 6. Name and Address of Current Registered Agent  
**Sandip Patel**  
 7. Name and Address of New Registered Agent  
 Name **Steven Moore** 8200  
 Street Address (P.O. Box Number is Not Acceptable) ~~2240 Bellman Rd~~ **Bryan Dairy Rd.**  
 Suite ~~100~~ **Suite 300**  
 City **Largo, FL** Zip Code ~~33704~~ **33777**

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  **Steven W. Moore** DATE **3/5/01**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>President Johanna D. Taldone, M.D.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>123 Carlyle Circle</b>		CITY-ST-ZIP		
	<b>Palm Harbor Fl</b>				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
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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:  **Johanna D'Urso Taldone, M.D.** Date **2/27/01** Daytime Phone # **727 786-3866**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)