

2002 UNIFORM BUSINESS REPORT (UE-2)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90148 041 ***150.00

DOCUMENT # P98000076079

1. Entity Name
JOHANNA D'URSO TALDONE, M.D., P.A.

Principal Place of Business
123 CARYLE CI
PALM HARBOR FL 34683

Mailing Address
123 CARYLE CI
PALM HARBOR FL 34683



DO NOT WRITE IN THIS SPACE

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 **59-3530598**

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

MOORE, STEVEN
8200 BRYAN DAIRY RD
SUITE 300
LARGO FL 33777

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 re-registering)

DATE

This Corporation is eligible to satisfy its Intangible Tax Payment and elects to do so. (on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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**

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME **D'URSO, JOHANNA L**
 STREET ADDRESS **1752 LARGO VISTA BLVD.**
 CITY-ST-ZIP **PALM HARBOR FL 34635**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE **P + D**
 NAME **M.D. TALDONE, JOHANNA D**
 STREET ADDRESS **123 CARYLE CIRCLE**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 307, Florida Statutes; and that my name appears on Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Johanna D. Taldone MD 3/6/02 727 786-7628

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)