

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90011 042 ***150.00

DOCUMENT # P98000106583

1. Entity Name
GEORGE IDICULLA, M.D., P.A.

Principal Place of Business Mailing Address
~~501 DELANNOY AVE~~ 1059 JACARANDA CIRCLE
~~COCOA FL 32922~~ ROCKLEDGE FL 32955
1029 FLORIDA AVE
ROCKLEDGE FL 32955

2. Principal Place of Business 3. Mailing Address
1029 FLORIDA AVE

Suite, Apt. #, etc. Suite, Apt. #, etc.
ROCK

City & State City & State
ROCKLEDGE FL

Zip Country Zip Country
32955

4. FEI Number Applied For
65-0888307 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IDICULLA, GEORGE M.D.
1059 JACARANDA CIRCLE
ROCKLEDGE FL 32955

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: *A. N. Schu* DATE: 4-27-01
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 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	D <input type="checkbox"/> Delete
NAME	IDICULLA, GEORGE M.D.
STREET ADDRESS	1059 JACARANDA CIRCLE
CITY-ST-ZIP	ROCKLEDGE FL 32955
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *A. N. Schu GEORGE IDICULLA* DATE: 4-27-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)