

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90125 021 ***150.00

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DOCUMENT # P98000108417

1. Entity Name

GEORGE E. SADOWSKI, M.D., P.A.

Principal Place of Business

**2460 OLD MOULTRIE ROAD, SUITE 3
 ST. AUGUSTINE FL 32086**

Mailing Address

**P.O. BOX 3127
 ST. AUGUSTINE FL 32085-3127**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3554440**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BRANT, MOORE, MACDONALD & WELLS, P.A.
 SUITE 3100 BARNETT CENTER
 50 N. LAURA STREET
 JACKSONVILLE FL 32202**

Name

GEORGE E. SADOWSKI

Street Address (P.O. Box Number is Not Acceptable)

2460 OLD MOULTRIE RD. SUITE 3

City

ST AUGUSTINE

FL

Zip Code

32086

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

GEORGE E. SADOWSKI, PRESIDENT

DATE

4/28/02

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **SADOWSKI, GEORGE E M.D.**
 STREET ADDRESS **P.O. BOX 3127**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32085-3127**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 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 REQUIRED 01/08/02

(904) 797-6627

Date

Daytime Phone #

CR2E034 (9/01)