

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90227 018 \*\*\*150.00

**DOCUMENT # P99000004921**

**1. Entity Name**  
**FIRST FLORIDA MEDICAL, INC.**

**Principal Place of Business**

~~2345 BEE RIDGE RD. SUITE 5B~~  
**SARASOTA FL 34239**

**Mailing Address**

**P O BOX 15642**  
**SARASOTA FL 34277**

**2. Principal Place of Business**

**8051 N. TAMiami TR.**  
**Suite, Apt. #, etc. E-1**

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

**SARASOTA FL**

**City & State**

**FL**

**4. FEI Number** **65-0887699**  
**NOT APPLICABLE**

**Applied For**

**Not Applicable**

**Zip** **34243**

**Country** **USA**

**Zip** **34277**

**Country**

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

**6. Name and Address of Current Registered Agent**

**GELETKA, SHERYL L**  
**4501 SUMMER COVE DR E**  
**#323**  
**SARASOTA FL 34243**

**7. Name and Address of New Registered Agent**

**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**

**4/29/02**

**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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**11. OFFICERS AND DIRECTORS**

**TITLE** **PD** ☐ **Delete**

**NAME** **MITCHELL, ROBERT**  
**STREET ADDRESS** **P O BOX 15642**  
**CITY-ST-ZIP** **SARASOTA, FL 34277**

**TITLE** **VP** ☐ **Delete**

**NAME** **GELETKA, JOHN LANG, TRACY**  
**STREET ADDRESS** **2345 BEE RIDGE ROAD SOUTH 50 PUTTING GREEN**  
**CITY-ST-ZIP** **SARASOTA FL 34239 PROSPECT CT 06712**

**TITLE** ☐ **Delete**

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**

**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ **Delete**

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ **Change** ☐ **Addition**

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/1/02 941-928-8517**

Date

Daytime Phone #

CR2E034 (9/01)