

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 am
Secretary of State

04-04-2002 90002 039 ***150.00

0530217 AV

DOCUMENT # P99000018109

1. Entity Name

MOTT WESTFALL MEDICAL MANAGEMENT, INC.

Principal Place of Business

**231 N.W. HIGHWAY 19
 CRYSTAL RIVER FL 34428**

Mailing Address

**PO BOX 1473
 CRYSTAL RIVER FL 34423
 US**



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

59-3563133

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

**VIRILIO, RAY-CPA
 7211 HIAWATHA PKWY
 SPRING HILL FL 34606**

Name **JOHN J. CEPARANO**

Street Address (P.O. Box Number is Not Acceptable)
7601 N. FLORIDA AVE.

City **CITRUS SPRINGS**

FL

Zip Code
34434

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

John J. Ceparano

3/15/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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, 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 **PD** ☒ Delete
 NAME **MOTT, BRUCE P**
 STREET ADDRESS **2120 NW 16TH ST**
 CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

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

TITLE **STD** ☐ Delete
 NAME **SMITH, CARROL**
 STREET ADDRESS **900 S. KINGS BAY DR.**
 CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

TITLE **PSTD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VAP** ☐ Change ☒ Addition
 NAME **RON A. RHOADES**
 STREET ADDRESS **2450 N. CITRUS HILLS BLVD**
 CITY-ST-ZIP **CITRUS HERNANDO, FL 34442**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V.A** ☐ Change ☐ Addition
 NAME **JOHN J. CEPARANO**
 STREET ADDRESS **2450 N. CITRUS HILLS BLVD**
 CITY-ST-ZIP **HERNANDO, FL 34442**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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:

John J. Ceparano
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02
 Date

352-465-4600
 Daytime Phone #

CR2E034 (9/01)