

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90106 046 ***150.00

DOCUMENT # P99000031168

1. Entity Name
FLORIDA PULMONARY & CRITICAL CARE ASSOCIATES, P.
A.

Principal Place of Business
1350 E MAIN ST
SUITE A-2
BARTOW FL 33830

Mailing Address
1350 E MAIN ST
SUITE A-2
BARTOW FL 33830

2. Principal Place of Business
2250 OSPREY BLVD.

3. Mailing Address
2250 OSPREY BLVD

Suite, Apt. #, etc.
SUITE 105

Suite, Apt. #, etc.
SUITE 105

City & State
BARTOW, FL

City & State
BARTOW, FL

Zip
33830

Country
USA

Zip
33830

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0911180**

Applied For
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

SEAANE, SERGIO B
4935 IRONWOOD TRAIL
BARTOW FL 33830

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 _____ **DATE** _____

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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEOANE, SERGIO B		NAME		
STREET ADDRESS	4935 IRONWOOD TRAIL		STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL 33830		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 another like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/02

Date **Daytime Phone #**

CR2E034 (9/01)