

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90276 023 ***550.00

DOCUMENT # P99000034695



1. Entity Name
RICHARD J. TORRICELLI, M.D., P.A.

Principal Place of Business
**2002 DEL PRADO BOULEVARD
SUITE 101
CAPE CORAL FL 33990**

Mailing Address
**2002 DEL PRADO BOULEVARD
SUITE 101
CAPE CORAL FL 33990**

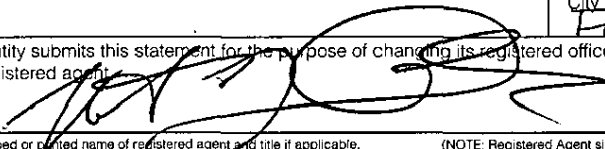


CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0917452		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ADLER, NATHAN J ESQ. 3431 PINE RIDGE ROAD SUITE 101 NAPLES FL 34109				Name Nathan J. Adler, Attorney/CPA			
				Street Address (P.O. Box Number is Not Acceptable) 8695 College Parkway			
				Suite Suite 112			
				City Fort Myers		FL	Zip Code 33919

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **7/23/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TORRICELLI, RICHARD J			NAME			
STREET ADDRESS	2002 DEL PRADO BOULEVARD, STE 101			STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL 33990			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
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STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **RICHARD J. TORRICELLI, MD/** (239) 573-1606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #


CR2E034 (4/03)

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Attachment

90149693

0105791 AV

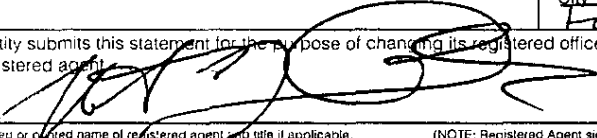
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		FL	Zip Code <i>33919</i>

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CITY-ST-ZIP	CAPE CORAL FL 33990	CITY-ST-ZIP	
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date-time Phone #

CFR2E034 (4/03)